



# Compendium of Surveys

For Nutrition Education and Obesity Prevention

Compiled by the Research and Evaluation Section

*The Network for a Healthy California*

California Department of Public Health

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Supplemental Nutrition Assistance Program

This material was produced by the California Department of Public Health's Nutrition Education and Obesity Prevention Branch with funding from USDA SNAP, known in California as *CalFresh* (formerly Food Stamps). These institutions are equal opportunity providers and employers. *CalFresh* provides assistance to low-income households and can help buy nutritious foods for better health. For *CalFresh* information, call 1-877-847-3663. For important nutrition information, visit [www.cachampionsforchange.net](http://www.cachampionsforchange.net).

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## Preface

This compendium of survey instruments was compiled to measure change in consumption of fruits, vegetables, and other foods; physical activity; food security and factors that influence those behaviors. It was compiled for members of the *Network for a Healthy California*, a group of organizations delivering nutrition education interventions to low-income residents throughout California.

This compendium contains tools for evaluating programs working with children, teens, and adults. Some of the surveys contained within the compendium have been validated and should not be modified. Others are designed to be modified to reflect the specific items targeted by the intervention.

It is best to begin evaluating intervention effectiveness by measuring change in two or three factors, like knowledge, preferences or self-efficacy. Once there is evidence that the intervention is making a difference at some level, it is appropriate to measure more factors and behaviors.

Guidance should be sought if the surveys are used by individuals with little program evaluation experience to ensure data are collected using sound methods that will give findings credibility.

The Research and Evaluation Section of the Nutrition Education and Obesity Prevention Branch wishes you the best of luck. Evaluation of field-based nutrition education interventions is needed and we hope this compendium helps fill that gap.

## Chapter 1: Required Surveys for Impact Outcome Evaluation

The tools summarized in this chapter are required surveys for Local Health Departments participating in Impact/Outcome Evaluation (IOE). Local projects should select the appropriate survey based on the target age population of the intervention being evaluated. Projects participating in IOE are encouraged to consider using supplemental tools from other chapters of this Compendium in addition to a required survey when such tools would augment the evaluation of intervention objectives.

# Youth Nutrition and Physical Activity Survey

**What are the behaviors/issues being measured?** These questions measure availability and food consumption.

**Availability** is self-reported perceptions that fruits and vegetables are present and accessible in the home.

**Food Consumption** is the times per day that respondents report eating specific foods or beverages.

The *Youth Nutrition and Physical Activity Survey* is a condensed version of the School and Physical Activity Nutrition project (SPAN) survey (Hoelscher, Day, Kelder, & Ward, 2003) for fourth through eighth graders. The SPAN project validated one survey for 4<sup>th</sup> graders<sup>2,3</sup> and one for eighth graders.<sup>1</sup> In order for contractors to use the same survey with all students, the assumption is made that an 8<sup>th</sup> grader can complete a survey written at a lower reading level. The 8<sup>th</sup> grade SPAN survey questions are at a higher reading level (5.41 reading level), but the *Network* used the 4<sup>th</sup> grade survey (4.84 reading level)<sup>1</sup> to have consistent data across a school site.

Each question on the SPAN food behavior module was validated for fourth graders (children aged 9-11) in classroom settings,<sup>2,3</sup> and showed moderate to substantial agreement in kappa scores.<sup>4</sup> It also showed substantial agreement in kappa scores for all measures when tested for reliability.<sup>5</sup> The same three fruit and vegetable consumption questions on SPAN were also validated with 8<sup>th</sup> graders by Hoelscher et al. (2003)<sup>1</sup> and found to have substantial agreement based on their kappa scores. The fruit and vegetable questions were each slightly modified to allow up to “5 or more” times per day for consumption to be consistent with the current recommendation which was increased in 2005 to 3-5 cups per day (about 6-10 servings) for 9-12 year old children.<sup>6</sup>

This survey also includes several questions on availability of fruits and vegetables from Hearn et al.<sup>7</sup> and is available in English and Spanish.

With this instrument, typically a sample size of 100 is needed to detect a ½ cup change from pre to post. A sample size of 200 will detect a 1/4 cup change from pre to post.

**Who is the target audience?** Many SNAP-Ed contractors organize interventions by school site and evaluate interventions in a range of elementary-school grades, which can go up through 8<sup>th</sup> grade in California.

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Write your **Identification Number** here: \_\_\_\_\_

Date: \_\_\_\_\_

# Youth Nutrition and Physical Activity Survey

Updated May 2014

This survey was adapted from the School Physical Activity and Nutrition Project (SPAN – University of Texas) and the Fruits and Veggies More Matters<sup>®</sup> Consumption Survey (Arizona Nutrition Network)  
by the Research and Evaluation Section  
of  
Nutrition Education Obesity Prevention Branch (NEOPB) SNAP-Ed Program

## **Confidentiality information to be explained to students**

We would like for you to complete this survey. You may skip questions you do not want to answer but we hope that you will answer all of them. Any information about who you are will be kept secret. We will not share your name or identification number. They will only be used for reports.



This material was produced by the California Department of Public Health's Nutrition Education and Obesity Prevention Branch with funding from USDA SNAP-Ed, known in California as CalFresh. These institutions are equal opportunity providers and employers. CalFresh provides assistance to low-income households and can help buy nutritious food for better health. For CalFresh information, call 1-877-847-3663. For important nutrition information, visit [www.CaChampionsForChange.net](http://www.CaChampionsForChange.net).



**Directions:** This is a survey to find out about what you know, like, think and do about healthy eating. Fill in the bubble (O) of the one best answer for each question. Do NOT write your name anywhere on this survey.

1. How old are you? O 6 O 7 O 8 O 9 O 10 O 11 O 12 O 13 O 14 O 15

2. Are you a boy or a girl? O Boy O Girl

3. How do you describe yourself? Fill in (O) ALL bubbles that describe you.

- O American Indian or Alaska Native
- O Asian
- O Black or African American
- O Mexican American, Latino, or Hispanic
- O Native Hawaiian or Other Pacific Islander
- O White
- O Other: \_\_\_\_\_

4. Yesterday, did you drink any kind of milk? Count chocolate or other flavored milk, milk on cereal, or drinks made with milk.

- O No, I didn't drink any milk yesterday.
- O Yes, I drank milk 1 time yesterday.
- O Yes, I drank milk 2 times yesterday.
- O Yes, I drank milk 3 or more times yesterday.



5. What type of milk do you drink most of the time? *Choose only one.*

- O Regular (whole) milk
- O 2% milk
- O 1% (low-fat) or fat-free (skim/non-fat) milk
- O Soy milk, almond milk, rice milk, or other milk
- O I don't drink milk
- O I don't know



6. Yesterday, did you eat cheese by itself or on your food? Count cheese on pizza or in dishes such as tacos, enchiladas, sandwiches, cheeseburgers, or macaroni and cheese.

- O No, I didn't eat cheese yesterday.
- O Yes, I ate cheese 1 time yesterday.
- O Yes, I ate cheese 2 times yesterday.
- O Yes, I ate cheese 3 or more times yesterday.



7. Yesterday, did you eat yogurt or cottage cheese or drink a yogurt drink? *Do not count frozen yogurt.*

- ☐ No, I didn't eat any of these foods yesterday.
- ☐ Yes, I ate one of these foods 1 time yesterday.
- ☐ Yes, I ate one of these foods 2 times yesterday.
- ☐ Yes, I ate one of these foods 3 or more times yesterday.



8. Yesterday, did you eat any corn tortillas or bread, tortillas, buns, bagels or rolls that were brown (not white)?

- ☐ No, I didn't eat any of these foods yesterday.
- ☐ Yes, I ate one of these foods 1 time yesterday.
- ☐ Yes, I ate one of these foods 2 times yesterday.
- ☐ Yes, I ate one of these foods 3 or more times yesterday.



9. Yesterday, did you eat rice, faro, macaroni, spaghetti, or pasta noodles that were brown (not white)?

- ☐ No, I didn't eat any of these foods yesterday.
- ☐ Yes, I ate one of these foods 1 time yesterday.
- ☐ Yes, I ate one of these foods 2 times yesterday.
- ☐ Yes, I ate one of these foods 3 or more times yesterday.



10. Yesterday, did you eat any vegetables? Vegetables are all cooked and uncooked vegetables; salads; and boiled, baked and mashed potatoes. *Do not count French fries or chips.*



- ☐ No, I didn't eat any vegetables yesterday.
- ☐ Yes, I ate vegetables 1 time yesterday.
- ☐ Yes, I ate vegetables 2 times yesterday.
- ☐ Yes, I ate vegetables 3 times yesterday.
- ☐ Yes, I ate vegetables 4 times yesterday.
- ☐ Yes, I ate vegetables 5 or more times yesterday.

11. Yesterday, did you eat fruit? Include fresh, frozen or canned. *Do not count* fruit juice.



- ☐ No, I didn't eat any fruit yesterday.
- ☐ Yes, I ate fruit 1 time yesterday.
- ☐ Yes, I ate fruit 2 times yesterday.
- ☐ Yes, I ate fruit 3 times yesterday.
- ☐ Yes, I ate fruit 4 times yesterday.
- ☐ Yes, I ate fruit 5 or more times yesterday.

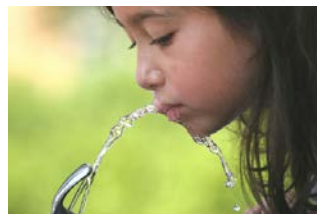
12. Yesterday, did you drink fruit juice? Fruit juice is a drink, which is 100% juice, like orange juice, apple juice, or grape juice. *Do not count* punch, sports drinks, or other fruit-flavored drinks.

- ☐ No, I didn't drink any fruit juice yesterday.
- ☐ Yes, I drank fruit juice 1 time yesterday.
- ☐ Yes, I drank fruit juice 2 times yesterday.
- ☐ Yes, I drank fruit juice 3 times yesterday.
- ☐ Yes, I drank fruit juice 4 times yesterday.
- ☐ Yes, I drank fruit juice 5 or more times yesterday.



13. Yesterday, did you drink any water, such as from a glass, a bottle, or a water fountain?

- ☐ No, I didn't drink any water yesterday.
- ☐ Yes, I drank water 1 time yesterday.
- ☐ Yes, I drank water 2 times yesterday.
- ☐ Yes, I drank water 3 times yesterday.
- ☐ Yes, I drank water 4 times yesterday.
- ☐ Yes, I drank water 5 or more times yesterday.



14. Yesterday, did you drink any punch, sports drinks or other fruit-flavored drinks? *Do not count* 100% fruit juice or diet drinks.

- ☐ No, I didn't drink any of these drinks yesterday.
- ☐ Yes, I drank one of these drinks 1 time yesterday.
- ☐ Yes, I drank one of these drinks 2 times yesterday.
- ☐ Yes, I drank one of these drinks 3 or more times yesterday.

15. Yesterday, did you drink any regular (not diet) sodas or soft drinks?

- ☐ No, I didn't drink any regular (not diet) sodas or soft drinks yesterday.
- ☐ Yes, I drank regular (not diet) sodas or soft drinks 1 time yesterday.
- ☐ Yes, I drank regular (not diet) sodas or soft drinks 2 times yesterday.
- ☐ Yes, I drank regular (not diet) sodas or soft drinks 3 or more times yesterday.



16. Yesterday, did you eat French fries or chips? Chips are potato chips, tortilla chips, corn chips, or other snack chips.

- ☐ No, I didn't eat any French fries or chips yesterday.
- ☐ Yes, I ate French fries or chips 1 time yesterday.
- ☐ Yes, I ate French fries or chips 2 times yesterday.
- ☐ Yes, I ate French fries or chips 3 or more times yesterday.



17. Yesterday, did you eat sweet rolls, doughnuts, cookies, brownies, pies, or cake?

- ☐ No, I didn't eat any of these foods yesterday.
- ☐ Yes, I ate one of these foods 1 time yesterday.
- ☐ Yes, I ate one of these foods 2 times yesterday.
- ☐ Yes, I ate one of these foods 3 or more times yesterday.



18. Yesterday, did you eat breakfast?

- ☐ Yes
- ☐ No

**The questions in this next section ask why you may or may not eat fruits and vegetables.**  
Please fill in one answer for each question.

19. I like to try new fruits.

- ☐ Almost always or always
- ☐ Sometimes
- ☐ Almost never or never

20. I like to try new vegetables.

- ☐ Almost always or always
- ☐ Sometimes
- ☐ Almost never or never

21. At your home do you have fruits to eat?

- ☐ Never
- ☐ Sometimes
- ☐ Always
- ☐ I don't know

22. At your home do you have vegetables to eat?

- ☐ Never
- ☐ Sometimes
- ☐ Always
- ☐ I don't know

**The next two questions ask about the kinds of activities you do.**

23. Think about the time you spend mostly sitting when you are not in school or doing homework. During the week days, about how much time do you spend on a typical or usual school day sitting and watching TV, playing video games, or on a computer?

**Examples are:** playing on a PSP or other handheld game, using an iPad or tablet, using the internet (not for school), or watching movies or TV shows on a TV, computer, or phone.

- ☐ Less than 1 hour per day
- ☐ 1 hour per day
- ☐ 2 hours per day
- ☐ 3 hours per day
- ☐ 4 hours per day
- ☐ 5 or more hours per day
- ☐ I do not watch TV, play video games, or use a computer for something that is not for school work on school days



24. Below, check **all** the days you exercised or took part in physical activity that made your heart beat fast and made you breathe hard for **at least 60 minutes**?

**Examples are:** basketball, soccer, running or jogging, fast dancing, swimming, bicycling, jumping rope, trampoline, hockey, fast skating, or rollerblading.



- |   |                                   |                                    |                                   |
|---|-----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday   | <input type="checkbox"/> Tuesday  | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Friday   | <input type="checkbox"/> Saturday | <input type="checkbox"/> Sunday    |                                   |
| <input type="checkbox"/> I didn't do any exercise last week that made my heart beat fast for 60 minutes |                                   |                                    |                                   |

**You have finished the survey! Thank you.**



Escribe tu número de identificación aquí: \_\_\_\_\_

Fecha: \_\_\_\_\_

# Encuesta de Nutrición y Actividad Física para Jóvenes

Revisión julio 2014

Esta encuesta es una adaptación del proyecto de *School Physical Activity and Nutrition* (SPAN – de la Universidad de Texas) y de la encuesta del consumo de *Fruit and Veggies More Matters®* (La Red de Nutrición de Arizona) por la Unidad de Investigación y Evaluación de la Rama de Educación en Nutrición y Prevención de la Obesidad (NEOPB).

## Explicación para los estudiantes sobre la confidencialidad de información

Nos gustaría que contestaras esta encuesta. Te puedes pasar las preguntas que no quieras contestar, aunque esperamos las contestes todas. Toda información sobre ti será confidencial. No compartiremos tu nombre o número de identificación. Sólo se usarán para los reportes.



Este material fue producido por la Rama de Educación en Nutrición y Prevención de la Obesidad del Departamento de Salud Pública de California con fondos de SNAP-Ed del USDA, conocido en California como CalFresh. Estas instituciones son proveedoras y empleadoras que ofrecen oportunidades equitativas. CalFresh provee asistencia a gente con bajos ingresos y puede ayudar a comprar comida nutritiva para una mejor salud. Para información sobre CalFresh, llame al 1-888-9-COMIDA. Para información nutricional, visite [www.CampeonesDelCambio.net](http://www.CampeonesDelCambio.net).





**Instrucciones:** Esta es una encuesta para conocer lo que sabes, te gusta, piensas y haces sobre los hábitos saludables al comer. Rellena la burbuja (O) de la respuesta que mejor te parezca en cada pregunta. NO escribas tu nombre en ninguna parte de esta encuesta.

1. ¿Qué edad tienes? O 6 O 7 O 8 O 9 O 10 O 11 O 12 O 13 O 14 O 15

2. ¿Eres niño o niña? O Niño O Niña

3. ¿Cómo te describes a ti mismo? Marca (●) TODAS las que te describen.

- O Indígena americano o de Alaska
- O Asiático
- O Negro o afroamericano
- O Mexicano americano, latino, hispano
- O Indígena de Hawai o de otra isla del Pacífico
- O Blanco
- O Otro: \_\_\_\_\_

4. El día de ayer, ¿tomaste leche de cualquier tipo? La leche con sabor a chocolate u otro sabor, la leche con cereal, o bebidas hechas con leche también cuentan.

- O No, ayer no tomé leche.
- O Sí, ayer tomé leche 1 vez.
- O Sí, ayer tomé leche 2 veces.
- O Sí, ayer tomé leche 3 o más veces.



5. ¿Qué tipo de leche tomas la mayoría de las veces? *Elige solamente una.*

- O Leche normal (entera)
- O Leche 2%
- O Leche 1% (baja en grasa) o sin grasa (descremada/sin grasa)
- O Leche de soya, leche de almendra, leche de arroz u otro tipo de leche
- O No tomo leche
- O No sé



6. El día de ayer, ¿comiste queso solo o en tu comida? Cuenta el queso en la pizza, tacos, enchiladas, sándwiches, hamburguesas o macarrones con queso?

- O No, ayer no comí queso.
- O Sí, ayer comí queso 1 vez.
- O Sí, ayer comí queso 2 veces.
- O Sí, ayer comí queso 3 o más veces.



7. El día de ayer, ¿comiste yogur o queso cottage (*cottage cheese*) o tomaste una bebida de yogur? No cuentes el helado de yogur.

- O No, ayer no comí ninguno de estos alimentos.
- O Sí, ayer comí uno de estos alimentos 1 vez.
- O Sí, ayer comí uno de estos alimentos 2 veces.
- O Sí, ayer comí uno de estos alimentos 3 o más veces.



8. El día de ayer, ¿comiste tortillas o pan de maíz o tortillas, bollos, panecillos (*bagels*) u otros panes integrales de color café (no blancos)?

- O No, ayer no comí ninguno de estos alimentos.
- O Sí, ayer comí uno de estos alimentos 1 vez.
- O Sí, ayer comí uno de esos alimentos 2 veces .
- O Sí, ayer comí uno de esos alimentos 3 veces.



9. El día de ayer, ¿comiste arroz, faro, macarrones, espaguetis o fideos de pasta integrales de color café (no blancos)?

- O No, ayer no comí ninguno de estos alimentos.
- O Sí, ayer comí uno de estos alimentos 1 vez.
- O Sí, ayer comí uno de esos alimentos 2 veces.
- O Sí, ayer comí uno de esos alimentos 3 veces.



10. El día de ayer, ¿comiste algún tipo de verdura? La verdura puede ser cocida o cruda; ensaladas, papa al horno o puré de papa. Las papas a la francesa o papitas no cuentan.



- O No, ayer no comí ningún tipo de verdura.
- O Sí, ayer comí verdura 1 vez.
- O Sí, ayer comí verdura 2 veces.
- O Sí, ayer comí verdura 3 veces.
- O Sí, ayer comí verdura 4 veces.
- O Sí, ayer comí verdura 5 o más veces.

11. El día de ayer, ¿comiste fruta? Incluye fruta fresca, congelada o enlatada. El jugo de fruta no cuenta.



- O No, ayer no comí ninguna fruta.
- O Sí, ayer comí fruta 1 vez.
- O Sí, ayer comí fruta 2 veces.
- O Sí, ayer comí fruta 3 veces.
- O Sí, ayer comí fruta 4 veces.
- O Sí, ayer comí fruta 5 o más veces.

12. El día de ayer, ¿tomaste jugo de fruta? El jugo de fruta es una bebida que es 100% natural como el jugo de naranja, manzana o uva.

- O No, ayer no tomé ningún jugo de fruta.
- O Sí, ayer tomé jugo de fruta 1 vez.
- O Sí, ayer tomé jugo de fruta 2 veces.
- O Sí, ayer tomé jugo de fruta 3 veces.
- O Sí, ayer tomé jugo de fruta 4 veces.
- O Sí, ayer tomé jugo de fruta 5 o más veces.



13. El día de ayer, ¿tomaste agua en un vaso, botella o de una fuente de beber?

- O No, ayer no tomé agua.
- O Sí, ayer tomé agua 1 vez.
- O Sí, ayer tomé agua 2 veces.
- O Sí, ayer tomé agua 3 veces.
- O Sí, ayer tomé agua 4 veces.
- O Sí, ayer tomé agua 5 o más veces.



14. El día de ayer, ¿tomaste algún ponche, bebida deportiva u otro tipo de bebida con sabor a fruta? El jugo de fruta 100% natural o bebidas de dieta no cuentan.

- O No, ayer no tomé ninguna de estas bebidas.
- O Sí, ayer tomé una de estas bebidas 1 vez.
- O Sí, ayer tomé una de estas bebidas 2 veces.
- O Sí, ayer tomé una de estas bebidas 3 o más veces.

15. El día de ayer, ¿tomaste algún refresco (*soda*) regular (no de dieta)?

- O No, ayer no tomé ningún refresco regular (no de dieta).
- O Sí, ayer tomé refresco regular (no de dieta) 1 vez.
- O Sí, ayer tomé refresco regular (no de dieta) 2 veces.
- O Sí, ayer tomé refresco regular (no de dieta) 3 o más veces.



16. El día de ayer, ¿comiste papas a la francesa (*French fries*) o papitas? Las “papitas” pueden ser de papa, tortilla, maíz o cualquier otro tipo de papitas.

- ☐ No, ayer no comí papas a la francesa ni papitas.
- ☐ Sí, ayer comí papas a la francesa o papitas 1 vez.
- ☐ Sí, ayer comí papas a la francesa o papitas 2 veces.
- ☐ Sí, ayer comí papas a la francesa o papitas 3 o más veces.



17. El día de ayer, ¿comiste galletas, panecillos, donas o pastel?

- ☐ No, ayer no comí ninguna de estas comidas.
- ☐ Sí, ayer comí una de estas comidas 1 vez.
- ☐ Sí, ayer comí una de estas comidas 2 veces.
- ☐ Sí, ayer comí una de estas comidas 3 o más veces.



18. ¿Desayunaste ayer?

- ☐ Sí
- ☐ No

**Las siguientes preguntas son para saber por qué o por qué no comes fruta y verdura.**

Por favor rellena una de las burbujas para contestar cada pregunta.

19. Me gusta probar frutas nuevas (que no hayas comido antes).

- ☐ Casi siempre o siempre
- ☐ A veces
- ☐ Casi nunca o nunca

20. Me gusta probar verduras nuevas (que no hayas comido antes).

- ☐ Casi siempre o siempre
- ☐ A veces
- ☐ Casi nunca o nunca

21. ¿Hay frutas para comer en tu casa?

- ☐ Nunca
- ☐ A veces
- ☐ Siempre
- ☐ No sé

22. ¿Hay verduras para comer en tu casa?

- ☐ Nunca
- ☐ A veces
- ☐ Siempre
- ☐ No sé

**Las siguientes dos preguntas son para saber los tipos de actividades que haces.**

23. Piensa en el tiempo que pasas mayormente sentado cuando no estás en la escuela o haciendo tareas.

Durante la semana, ¿cuánto tiempo estás durante un día normal de escuela sentado o viendo TV, jugando video juegos o en la computadora?

**Por ejemplo:** jugando en una PSP u otros juegos de mano, usando un iPad o *tablet*, usando internet (sin ser para la escuela) o viendo películas o shows en la TV, computadora o teléfono.

O Menos de 1 hora por día

O 1 hora por día

O 2 horas por día

O 3 horas por día

O 4 horas por día

O 5 o más horas por día

O No miro TV, ni juego video juegos, ni uso la computadora para algo que no sea para hacer las tareas de la escuela durante la semana.



24. Marca en qué días hiciste ejercicio o participaste en alguna actividad física que hizo que tu corazón latiera rápido y te hizo respirar más fuerte **por lo menos 60 minutos**.

**Por ejemplo:** básquetbol, fútbol, correr, bailar, nadar, andar en bicicleta, brincar la cuerda, brincar en el trampolín, hockey, o patinar rápidamente.



☐ Lunes

☐ Martes

☐ Miércoles

☐ Jueves

☐ Viernes

☐ Sábado

☐ Domingo

☐ La semana pasada, no hice ningún tipo de ejercicio que hiciera que mi corazón latiera rápido por 60 minutos

**¡Has terminado la encuesta! Gracias.**

# Youth Nutrition and Physical Activity Survey Administration Protocol

## I. Purpose

The purpose of the *Youth Nutrition and Physical Activity Survey* is to collect information about dietary behaviors from children and youth in grades 3-8 using a simple and tested survey instrument. This survey can be used in schools or other settings.

## II. Survey Administration

The survey must be done on a day following a regular school day, i.e., Tuesday through Friday. The survey should *not* be given on a day following a weekend (e.g. a Monday in a normal week) or a holiday (not on a Tuesday after a Monday holiday)

- The survey can be administered at any time during the day.
- *However*, the survey should be administered at the same time, in the same way, with the same staff pre and post.

## III. Staffing Needs

The survey can be given by a classroom or special subject teacher (e.g., health, science, P.E.), or other designated staff person from your agency. The survey can also be given by site SNAP-Ed coordinators or their designees, which may include subcontracted data collectors, college-level or higher-level interns or volunteers from partner agencies.

## IV. Materials

- Surveys
- Survey administration protocol
- Pencils (one per student plus extras)

## V. Administration Protocol

- Instructions for the person giving the survey are in lower case plain type.
- ***Instructions to be read aloud to the students are in lower case bold italics type.***

(read aloud) ***Good morning (afternoon). My name is (name) and we are from (insert agency name). Today I would like you to complete a questionnaire about what you eat. You and (insert program, agency or school name) were asked to do this survey because of things that will be (were) taught this year. This is a questionnaire about what kids your age eat, and their physical activity (exercise). No one in your class, your friends, or at home will see your answers. Taking part in this project is up to you. Your choice about taking part will not affect your grades or your ability to take part in any activities. We will complete the first couple of pages of the survey together. Does anyone have any questions before we begin?***

- Pass out the student surveys and pencils.

(aloud) ***Please fill in your identification number on the front page. Do not put your name on the survey.*** Allow students time to complete this section. Your school or organization will provide you instruction on how to assign identification numbers. The surveys have an identification number so the pre-tests can be matched with the post-tests. The numbers must be unique to each survey respondent and may be recorded on the page

with demographic information. For example, a school district might assign a two-digit number to each participating school and classroom and then assign each student a unique identification number.

***Please turn to the next page and listen as I read each question to you. You may also read each question on your own. Pick the answer that is true for you. Mark that answer on your questionnaire by bubbling it in. This is not a test, and there are no right or wrong answers. Remember, your answers will be kept private.***

### **Suggestions for Administering the Youth Nutrition and Physical Activity Survey Questionnaire**

- For the 3<sup>rd</sup> and 4<sup>th</sup> graders, read the questionnaire out loud with the students. Tell those that don't need help with reading the questionnaire they may work ahead. Reading the questionnaire to the students cuts down on chatter among the students and keeps the students who read a little slower on task.
- Explain that the pictures on the questionnaire are examples only. They are not supposed to **only** bubble in the answers that are associated with the pictures.
- Maintain a neutral tone and confidentiality.

***Question 1: Bubble in your age***

***Question 2: Bubble in whether you are a boy or a girl.***

***Question 3: (read Race/Ethnicity question as is) "How do you describe yourself? Fill in ALL bubbles that describe you..."***

***Now there are questions about foods that you ate or drank yesterday. Yesterday was (name of day). Think about what you ate and what you drank yesterday. Please count only what you ate or drank yesterday, even if it was not a normal day for you.***

***Let's do an example to see how to answer this type of question. We're going to look at question #6. Yesterday, did you eat cheese by itself or on your food? Count cheese on pizza or in dishes such as tacos, enchiladas, sandwiches, cheeseburgers, or macaroni and cheese. Suppose you had some cheese for a snack, two pieces of pizza for lunch, and at dinner you had a taco with some cheese on it. Which circle would you bubble in? (Wait for responses.) You ate cheese 1 time for snack, 2 times for lunch (2 slices of pizza), and 1 time for dinner, so you ate cheese 4 times. You would bubble in the circle for "3 or more times". This means you ate cheese 4 times yesterday. Remember, when you answer this question on your survey, you will consider only the cheese you ate yesterday.***

***Are there any questions about the instructions I've just explained? (If students ask questions about specific survey questions, help clarify the questions for the students, but do not provide answers.) If you have a question while you are taking the survey, please raise your hand and someone will help you. You may begin.***

Continue by beginning the survey, reading Question 4 aloud and reading the responses aloud. Yesterday, did you drink any kind of milk? Count chocolate or other flavored milk, milk on cereal, or drinks made with milk. Remember, the pictures are only examples only. Milk you drank may have looked different. They are not supposed to only bubble in the

answers that are associated with the pictures. Include any type of milk: cow, goat, soy, rice, almond, etc.

Continue reading the rest of the questions and answers aloud.

#### **VI. After survey is completed**

Collect the surveys and pencils. Check to make sure all answers are bubbled in completely. Be sure to reassure students that you are not checking their answers for accuracy, but making sure all of the questions were answered.

- Double check that all pages and questions were completed; students are especially likely to leave the questions on the last page blank.

***Thank you for your participation in this project!***



# High School Nutrition and Physical Activity Survey

## \*REQUIRED FOR IMPACT EVALUATION PROJECTS\*

**What are the behaviors/issues being measured?** These questions measure food consumption, physical activity, and factors influencing fruit and vegetable consumption.

**Food Consumption** is Specific amounts of foods or beverages that respondents actually report eating. It can be reported on in terms of times a day/week or month, cups/day, or other time intervals.<sup>1,2,3</sup>

**Physical Activity** is time spent doing physical activities or exercise. These can be leisure time, moderate, vigorous, strength-building, or flexibility-increasing activities. It can be reported in days/week, days/month, minutes/day, minutes/week, or other time intervals.<sup>1,2</sup>

**Factors Influencing Fruit and Vegetable Consumption** are Questions that capture potential influences of fruit and vegetable consumption, such as: parent consumption, home access, and willingness to try new fruits and vegetables.<sup>4</sup>

Impact evaluation of interventions for high school age students (grades 9-12) must be conducted with the *High School Nutrition and Physical Activity Survey*. This instrument is appropriate for any evaluation that requires a dietary and physical activity outcome for teens. In addition to dietary and physical activity outcomes, the instrument also includes questions about factors that influence fruits and vegetable consumption, such as trying new fruits and vegetables, parent fruit and vegetable consumption, and access to fruits and vegetables at home.

The questions on this survey have a fifth grade reading level. The fruit and vegetable consumption component of the *High School Nutrition and Physical Activity Survey* utilizes six questions from the Youth Risk Behavior Survey (YRBS). This survey should be used to show that the intervention produced a change in fruit, vegetable, or juice intake, other dietary changes, changes in physical activity, parent consumption of fruits and vegetables, and access to fruits and vegetables at home. The survey is available in English.

For fruit and vegetable outcomes, a sample size of 50 is needed to detect a .75 time change from pre to post. A sample size of 100 will detect a .5 time change from pre to post.

**Who is the target audience?** These questions are designed to be used with high school age students (grades 9-12).

### References

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3. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health. Youth Risk Behavior Surveillance System (YRBSS).  
[http://www.cdc.gov/healthyyouth/yrbs/questionnaire\\_rationale.htm](http://www.cdc.gov/healthyyouth/yrbs/questionnaire_rationale.htm). Accessed July 15, 2011.
4. Hearn, M. D., Baranowski, T., Baranowski, J., & et al. (1998). Environmental Influences on Dietary Behavior Among Children: Availability and Accessibility of Fruits and Vegetables Enable Consumption. J of Health Education, 29(1), 26-31.

Write your **Identification Number** here: \_\_\_\_\_

Date: \_\_\_\_\_

# High School Nutrition and Physical Activity Survey

Updated August 2015

This survey was adapted from the School Physical Activity and Nutrition Project (SPAN – University of Texas) and the Fruits and Veggies More Matters<sup>®</sup> Consumption Survey (Arizona Nutrition Network)  
by the Research and Evaluation Section  
Nutrition Education Obesity Prevention Branch (NEOPB) SNAP-Ed Program

## Confidentiality information to be explained to students

We would like for you to complete this survey. You may skip questions you do not want to answer but we hope that you will answer all of them. Any information about who you are will be kept secret. We will not share your name or identification number. They will only be used for reports.



This material was produced by the California Department of Public Health's Nutrition Education and Obesity Prevention Branch with funding from USDA SNAP-Ed, known in California as CalFresh. These institutions are equal opportunity providers and employers. CalFresh provides assistance to low-income households and can help buy nutritious food for better health. For CalFresh information, call 1-877-847-3663. For important nutrition information, visit [www.CaChampionsForChange.net](http://www.CaChampionsForChange.net).



**Directions:** This is a survey to find out about what you know, like, think and do about healthy eating. Fill in the bubble (O) of the one best answer for each question. Do NOT write your name anywhere on this survey.

1. How old are you? O 13   O 14   O 15   O 16   O 17   O 18   O 19   O 20
2. Are you male or female?                      O Male                      O Female
3. How do you describe yourself? Fill in (O) ALL bubbles that describe you.
  - O American Indian or Alaska Native
  - O Asian
  - O Black or African American
  - O Mexican American, Latino, or Hispanic
  - O Native Hawaiian or Other Pacific Islander
  - O White
  - O Other:\_\_\_\_\_

**The questions in this next section ask about what you have eaten recently.**

Please fill in one answer for each question.

4. Yesterday, did you drink any kind of milk? Count chocolate or other flavored milk, milk on cereal, or drinks made with milk.
  - O No, I didn't drink any milk yesterday.
  - O Yes, I drank milk 1 time yesterday.
  - O Yes, I drank milk 2 times yesterday.
  - O Yes, I drank milk 3 or more times yesterday.
5. What type of milk do you drink most of the time? *Choose only one.*
  - O Regular (whole) milk
  - O 2% milk
  - O 1% (low-fat) or fat-free (skim/non-fat) milk
  - O Soy milk, almond milk, rice milk, or other milk
  - O I don't drink milk
  - O I don't know
6. Yesterday, did you eat cheese by itself or on your food? Count cheese on pizza or in dishes such as tacos, enchiladas, sandwiches, cheeseburgers, or macaroni and cheese.
  - O No, I didn't eat cheese yesterday.
  - O Yes, I ate cheese 1 time yesterday.
  - O Yes, I ate cheese 2 times yesterday.
  - O Yes, I ate cheese 3 or more times yesterday.

7. Yesterday, did you eat yogurt or cottage cheese or drink a yogurt drink? *Do not count frozen yogurt.*

- ☐ No, I didn't eat any of these foods yesterday.
- ☐ Yes, I ate one of these foods 1 time yesterday.
- ☐ Yes, I ate one of these foods 2 times yesterday.
- ☐ Yes, I ate one of these foods 3 or more times yesterday.

8. Yesterday, did you eat any corn tortillas or bread, tortillas, buns, bagels or rolls that were brown (not white)?

- ☐ No, I didn't eat any of these foods yesterday.
- ☐ Yes, I ate one of these foods 1 time yesterday.
- ☐ Yes, I ate one of these foods 2 times yesterday.
- ☐ Yes, I ate one of these foods 3 or more times yesterday.

9. Yesterday, did you eat rice, faro, macaroni, spaghetti, or pasta noodles that were brown (not white)?

- ☐ No, I didn't eat any of these foods yesterday.
- ☐ Yes, I ate one of these foods 1 time yesterday.
- ☐ Yes, I ate one of these foods 2 times yesterday.
- ☐ Yes, I ate one of these foods 3 or more times yesterday.

10. During the past 7 days, how many times did you drink **100% fruit juices** such as orange juice, apple juice, or grape juice? (Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)

- ☐ I did not drink 100% fruit juice during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day

11. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)

- ☐ I did not eat fruit during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day

12. During the past 7 days, how many times did you eat **green salad**?

- ☐ I did not eat green salad during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day

13. During the past 7 days, how many times did you eat **potatoes**? (Do **not** count french fries, fried potatoes, or potato chips.)

- ☐ I did not eat potatoes during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day

14. During the past 7 days, how many times did you eat **carrots**?

- ☐ I did not eat carrots during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day

15. During the past 7 days, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.)

- ☐ I did not eat other vegetables during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day

16. Yesterday, did you drink any water, such as from a glass, a bottle, or a water fountain?

- ☐ No, I didn't drink any water yesterday.
- ☐ Yes, I drank water 1 time yesterday.
- ☐ Yes, I drank water 2 times yesterday.
- ☐ Yes, I drank water 3 times yesterday.
- ☐ Yes, I drank water 4 times yesterday.
- ☐ Yes, I drank water 5 or more times yesterday.

17. Yesterday, did you drink any punch, sports drinks or other fruit-flavored drinks? Do not count 100% fruit juice or diet drinks.

- ☐ No, I didn't drink any of these drinks yesterday.
- ☐ Yes, I drank one of these drinks 1 time yesterday.
- ☐ Yes, I drank one of these drinks 2 times yesterday.
- ☐ Yes, I drank one of these drinks 3 or more times yesterday.

18. Yesterday, did you drink any *regular* (not diet) sodas or soft drinks?

- ☐ No, I didn't drink any *regular* (not diet) sodas or soft drinks yesterday.
- ☐ Yes, I drank *regular* (not diet) sodas or soft drinks 1 time yesterday.
- ☐ Yes, I drank *regular* (not diet) sodas or soft drinks 2 times yesterday.
- ☐ Yes, I drank *regular* (not diet) sodas or soft drinks 3 or more times yesterday.

19. Yesterday, did you eat French fries or chips? Chips are potato chips, tortilla chips, corn chips, or other snack chips.

- ☐ No, I didn't eat any French fries or chips yesterday.
- ☐ Yes, I ate French fries or chips 1 time yesterday.
- ☐ Yes, I ate French fries or chips 2 times yesterday.
- ☐ Yes, I ate French fries or chips 3 or more times yesterday.

20. Yesterday, did you eat sweet rolls, doughnuts, cookies, brownies, pies, or cake?

- ☐ No, I didn't eat any of these foods yesterday.
- ☐ Yes, I ate one of these foods 1 time yesterday.
- ☐ Yes, I ate one of these foods 2 times yesterday.
- ☐ Yes, I ate one of these foods 3 or more times yesterday.

21. Yesterday, did you eat breakfast?

- ☐ Yes
- ☐ No

**The questions in this next section ask why you may or may not eat fruits and vegetables.**  
Please fill in one answer for each question.

I like to try new...

- |                 |   |                                 |   |
|-----------------|---|---------------------------------|---|
| 22. Fruits:     | <input type="radio"/> Almost never or never | <input type="radio"/> Sometimes | <input type="radio"/> Almost always or always |
| 23. Vegetables: | <input type="radio"/> Almost never or never | <input type="radio"/> Sometimes | <input type="radio"/> Almost always or always |

24. At your home do you have fruits to eat?

- ☐ Never
- ☐ Sometimes
- ☐ Always
- ☐ I don't know

25. At your home do you have vegetables to eat?

- ☐ Never
- ☐ Sometimes
- ☐ Always
- ☐ I don't know

**The next two questions ask about the kinds of activities you do.**

26. Think about the time you spend mostly sitting when you are not in school or doing homework. During the week days, about how much time do you spend on a typical or usual school day sitting and watching TV, playing video games, or on a computer?

**Examples are:** playing on a PSP or other handheld game, using an iPad or tablet, using the internet (not for school), or watching movies or TV shows on a TV, computer, or phone.

- ☐ Less than 1 hour per day
- ☐ 1 hour per day
- ☐ 2 hours per day
- ☐ 3 hours per day
- ☐ 4 hours per day
- ☐ 5 or more hours per day
- ☐ I do not watch TV, play video games, or use a computer for something that is not for school work on school days

27. Below, check all the days you exercised or took part in physical activity that made your heart beat fast and made you breathe hard for ***at least 60 minutes***?

**Examples are:** basketball, soccer, running or jogging, fast dancing, swimming, bicycling, jumping rope, trampoline, hockey, fast skating, or rollerblading.

- |   |                                   |                                    |                                   |
|---|-----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday   | <input type="checkbox"/> Tuesday  | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Friday   | <input type="checkbox"/> Saturday | <input type="checkbox"/> Sunday    |                                   |
| <input type="checkbox"/> I didn't do any exercise last week that made my heart beat fast for 60 minutes |                                   |                                    |                                   |

**You have finished the survey! Thank you.**



# High School Nutrition and Physical Activity Survey Administration Protocol

## I. Purpose

The purpose of the *High School Nutrition and Physical Activity Survey* is to collect information about dietary behaviors from students in grades 9-12 using a simple and tested survey instrument. This survey can be used in schools or other settings.

## II. Survey Administration

The survey must be done on a day following a regular school day, i.e., Tuesday through Friday. The survey should *not* be given on a day following a weekend (e.g. a Monday in a normal week) or a holiday (not on a Tuesday after a Monday holiday).

- The survey can be administered at any time during the day.
- *However*, the survey should be administered at the same time, in the same way, with the same staff pre and post.

## III. Staffing Needs

The survey can be given by a classroom or special subject teacher (e.g., health, science, P.E.), or other designated staff person from your agency. The survey can also be given by site SNAP-Ed coordinators or their designees, which may include subcontracted data collectors, college-level or higher-level interns or volunteers from partner agencies.

## IV. Materials

- Surveys
- Survey administration protocol
- Pencils (one per student plus extras)

## V. Administration Protocol

- Instructions for the person giving the survey are in lower case plain type.
- ***Instructions to be read aloud to the students are in lower case bold italics type.***

(read aloud) ***Good morning (afternoon). My name is (name) and we are from (insert agency name). Today I would like you to complete a questionnaire about what you eat. You and (insert program, agency or school name) were asked to do this survey because of things that will be (were) taught this year. This is a questionnaire about what people your age eat, and their physical activity (exercise). No one in your class, your friends, or at home will see your answers. Taking part in this project is up to you. Your choice about taking part will not affect your grades or your ability to take part in any activities. Does anyone have any questions before we begin?***

- Pass out the student surveys and pencils.

(aloud) ***Please fill in your identification number on the front page. Do not put your name on the survey.*** Allow students time to complete this section. Your school or organization will provide you instruction on how to assign identification numbers. The surveys have an identification number so the pre-tests can be matched with the post-tests. The numbers must be unique to each survey respondent and should be recorded on a separate page with student names and optional demographic information. For example, a

school district might assign a two-digit number to each participating school and classroom and then assign each student a unique identification number.

***Read each question on your own. Mark that answer on your questionnaire by bubbling it in. This is not a test, and there are no right or wrong answers. Remember, your answers will be kept private.***

***There are questions about foods that you ate or drank yesterday. Yesterday was (name of day). Think about what you ate and what you drank yesterday. Please count only what you ate or drank yesterday, even if it was not a normal day for you.***

***Let's do an example to see how to answer this type of question. Yesterday, did you eat French fries or chips? Chips are potato chips, tortilla chips, corn chips, or other snack chips.***

***Suppose you ate French fries for lunch, potato chips for a snack, and tortilla chips for dinner, which circle would you bubble in? (Wait for responses.) You ate French fries or chips at lunch, snack time, and dinner, so you ate French fries or chips 3 times yesterday which count for this question. You would bubble in the 3 circle. This means you ate French fries or chips 3 times yesterday. Remember, when you answer this question on your survey, you will consider only the French fries or chips you ate yesterday.***

***Are there any questions about the instructions I've just explained? (If students ask questions about specific survey questions, help clarify the questions for the students, but do not provide answers.) If you have a question while you are taking the survey, please raise your hand and someone will help you. You may begin.***

### **Suggestions for Administering the High School Nutrition and Physical Activity Survey Questionnaire**

- You may read the questionnaire out loud with the students. Tell those that don't need help with reading the questionnaire they may work ahead. Reading the questionnaire to the students cuts down on chatter among the students and keeps the students who read a little slower on task.
- Maintain a neutral tone and confidentiality.

### **VI. After survey is completed**

Collect the surveys and pencils. Check to make sure all answers are bubbled in completely. Be sure to reassure students that you are not checking their answers for accuracy, but making sure all of the questions were answered.

- Double check that all pages and questions were completed, students are especially likely to leave the questions on the last page blank.

***Thank you for your participation in this project!***

# **Food Behavior Checklist Fruit and Vegetable Checklist \*Required for Impact/Outcome Evaluation Projects\***

**What are the behaviors/issues being measured?** These questions measure food consumption, eating, shopping, and food preparation habits, and food security.

**Food Consumption** is specific amounts of foods or beverages that respondents actually report eating. It can be reported in terms of times a day/week or month, cups/day, or other time intervals.

**Eating, Shopping, and Food Preparation Habits** are behaviors associated with eating or drinking or general consumption without specific amount, e.g., snacking, eating more than one kind of fruit or vegetable, reading labels while shopping.

**Food Security** is having access to enough food at all times that is nutritionally adequate and safe.

NEOP Impact Outcome Evaluation of interventions for adults must be conducted with either the Food Behavior Checklist (FBC), which covers all three concepts above, or the Fruit and Vegetable Checklist (FVC), which is simply an extraction of the fruit and vegetable questions from the full FBC.<sup>1-3</sup> The FBC also contains a single question about general dietary quality.

The questions on the surveys have a third grade reading level and were tested for reliability and validity with low-resource audiences.<sup>1,3</sup> The full FBC and shorter FVC are also available in Spanish (FBC in Chinese), are photo illustrated, and have been tested in those languages.<sup>4,5</sup> These surveys have been validated and should not be modified. They should be used to show that the intervention produced a change in fruit and vegetable intake or another dietary change. Additional question modules can be asked in addition to the FBC or FVC.

When using either instrument, typically a sample size of 50 is needed to detect a 0.5 cup change from pre to post. A sample size of 100 will detect a 0.33 cup change from pre to post.

Photo illustrations contained within the FBC and FVC may not be modified or used without consent of the survey author.

**Who is the target audience?** These instruments are appropriate for any evaluation that requires a dietary outcome for adults.

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# Food Behavior Checklist

## 飲食行為清單

These questions are about the ways you plan and fix food.  
Think about how you usually do things.

這些問題是關於你計劃和安排食物的方法。  
想想你平常如何處理事情。

Name名稱 \_\_\_\_\_

Date日期 \_\_\_\_\_

ID身分證# \_\_\_\_\_

☐ Entry  
☐ Exit

Choose one answer for each question.  
每個問題選擇一個回答。

1.



Do you eat fruits or vegetables as snacks?  
你會否把水果或蔬菜當小吃？

☐

no  
不會

☐

yes,  
sometimes  
有時會

☐

yes,  
often  
經常會

☐

yes,  
everyday  
每天會

2.



Do you drink fruit drinks, sport drinks or punch?

你會否喝水果飲料，運動飲料或混合飲料？

☐

no  
不會

☐

yes,  
sometimes  
有時會

☐

yes,  
often  
經常會

☐

yes,  
everyday  
每天會

3.



Did you have citrus fruit or citrus juice during the past week?

在過去的一周你有否進食過柑橘類水果或喝過柑橘類果汁？

☐

yes  
有

☐

no  
沒有

4.



Do you drink regular soda?

你會否喝普通汽水？

☐

no  
不會

☐

yes,  
sometimes  
有時會

☐

yes,  
often  
經常會

☐

yes,  
everyday  
每天會

5.



Did you drink milk or use milk on cereal during the past week?

在過去的一周你有否喝過牛奶或在玉米薄片裡加牛奶？

☐

yes  
有

☐

no  
沒有

6. Fruit: How much do you eat each day?  
水果：你每天吃多少？



☐  
none  
沒有



☐  
1/2 cup  
½杯

☐  
1 cup  
1杯



☐  
1½ cups  
1½杯

☐  
2 cups  
2杯



☐  
2½ cups  
2½杯

☐  
3 cups or more  
3杯或更多

7. Vegetable: How much do you eat each day?  
蔬菜：你每天吃多少？



☐  
none  
沒有



☐  
1/2 cup  
½杯

☐  
1 cup  
1杯



☐  
1½ cups  
1½杯

☐  
2 cups  
2杯



☐  
2½ cups  
2½杯

☐  
3 cups or more  
3杯或更多



8.



Do you eat more than one kind of **fruit** each day?  
你每天吃超過一種水果?

☐

no  
不會

☐

yes,  
sometimes  
有時會

☐

yes,  
often  
經常會

☐

yes,  
always  
一定會

9.



Do you eat more than one kind of **vegetable** each day?

你每天吃超過一種蔬菜?

☐

no  
不會

☐

yes,  
sometimes  
有時會

☐

yes,  
often  
經常會

☐

yes,  
always  
一定會

10.



Do you drink milk?

你會否喝牛奶?

☐

no  
不會

☐

yes,  
sometimes  
有時會

☐

yes,  
often  
經常會

☐

yes,  
everyday  
每天會

11.



Do you take the skin off chicken?

你會否把雞皮去掉?

☐

no  
不會

☐

yes,  
sometimes  
有時會

☐

yes,  
often  
經常會

☐

yes,  
always  
一定會

12.



Did you have fish during the past week?

在過去的一週你有否進食魚類食品?

☐

yes  
有

☐

no  
沒有

13.



Do you eat 2 or more vegetables at your main meal?  
 你會在主餐吃兩樣或更多的蔬菜？

- ☐ no 不會  
☐ yes, sometimes 有時會  
☐ yes, often 經常會  
☐ yes, everyday 每天會

14.



Do you use this label when food shopping?  
 當你選購食品時，會否使用這個標籤？

- ☐ no 不會  
☐ yes, sometimes 有時會  
☐ yes, often 經常會  
☐ yes, always 一定會

15.



Do you run out of food before the end of the month?  
 在月底前你會否把糧食吃光？

- ☐ no 不會  
☐ yes, sometimes 有時會  
☐ yes, often 經常會  
☐ yes, always 一定會

16.

How would you rate your eating habits?  
 你如何評價你的飲食習慣？

- ① poor 差勁  
 ②  
 ③  
 ④ fair 一般  
 ⑤  
 ⑥  
 ⑦ good 良好  
 ⑧  
 ⑨  
 ⑩ excellent 優秀

- Use the accompanying instruction guide when administering this tool.
- Research and development for this illustrated diet quality checklist were a joint effort of University of California (UC) Cooperative Extension, the California Nutrition Network, UC Davis Design Program and UC Davis Nutrition Department. Authors: Kathryn Sylva, Marilyn Townsend, Anna Martin, Diane Metz.
- The research for this diet quality instrument is available:  
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 Townsend MS, Sylva KG, Martin A, Metz D, Wooten-Swanson P, Follett J, Keim N, Sugerman S. Visually Enhanced Evaluation for Low-income Clients. J Nutr Educ Behav. 2005; 37 (1):S49.
- The University of California does not discriminate in any of its policies, procedures, or practices. The University is an affirmative action/equal opportunity employer. Funded by the University of California Cooperative Extension and UC Davis Design Program.



# What Does Your Child Eat?

This 30-item survey measures child dietary consumption, food availability in the home environment, other factors associated with child dietary behavior, and parental demographics including a single item measuring food security.

The survey was developed and tested as part of an evaluation of New York State Department of Health's SNAP-Ed Eat Well Play Hard in Child Care Settings Program.

Target audience: This survey can be used with parents of preschool-aged children and children in early elementary grades. Questions are generally readable at a 5<sup>th</sup> grade level. The survey is available in English. Spanish surveys can be provided upon request.

## References

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2. U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, *SNAP Education and Evaluation Case Study Report: New York State Department of Health's Eat Well Play Hard in Child Care Settings Program. Volume II: Appendices* by Vivian Gabor, Pamela Williams, Sheryl Cates, Jonathan Blitstein, Loren Bell, and James Hersey. Project Officer: Sara Olson, Alexandria, VA: January 2012. [https://fns-prod.azureedge.net/sites/default/files/SNAP-EdWave1EatWell\\_VolII.pdf](https://fns-prod.azureedge.net/sites/default/files/SNAP-EdWave1EatWell_VolII.pdf)

## Availability Survey – Fruit, Juice & Vegetables at School (*Network*)

**Are the following fruits available in the school?**

If 'Yes', check the appropriate box(es) to indicate where or when.

Please check <input checked="" type="checkbox"/> all that apply					
	School Breakfast	School Lunch	After School Snack Program	A La Carte	Vending
Apples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apple Juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bananas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strawberries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applesauce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Are the following vegetables available in the school?**

If 'Yes', check the appropriate box(es) to indicate where or when.

Please check <input checked="" type="checkbox"/> all that apply					
	School Breakfast	School Lunch	After School Program	A La Carte	Vending
Carrots	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Corn	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Potatoes (not fried)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Green Salad	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Green beans	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Broccoli	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Peas	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Tomatoes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

What Does Your Child Eat?



¿Qué come su niño?

Thank you for taking part in this important study!

All of your answers to the survey will be kept private. We will not share your answers with anyone. You may skip any questions you do not want to answer.

### Questions on Whether Certain Foods Are Available at Home

1. Were any of the following foods available in your home during the past week? Include fresh, frozen, canned, and dried foods. *(Circle yes or no for each food.)*

a. Bananas	Yes	No
b. Apples	Yes	No
c. Grapes	Yes	No
d. Melons (for example, cantaloupe, honeydew, or watermelon)	Yes	No
e. Strawberries	Yes	No
f. Carrots	Yes	No
g. Potato chips, nacho chips, or corn chips	Yes	No
h. Regular soft drinks or sodas	Yes	No
i. Diet or low calorie soft drinks or sodas	Yes	No
j. Regular whole or 2% milk	Yes	No
k. 1% or skim milk	Yes	No

### Questions on the Fruits and Vegetables Your Child Eats

For the next questions think about what your child ate during the past week, or the past 7 days. Do not include school or day care time.

2. How many days during the past week did your child eat more than one kind of fruit each day? Do not include fruit juice. *(Circle one.)*
1. None
  2. 1 to 2 days
  3. 3 to 4 days
  4. 5 to 6 days
  5. Every day

3. During the past week, how many cups of fruit did your child eat each day? Do not include fruit juice. (*Circle one.*)

1. None
2. 1/2 cup
3. 1 cup
4. 1 1/2 cups
5. 2 cups
6. 2 1/2 cups
7. 3 cups or more



None



1 cup



2 cups



3 cups

4. How many days during the past week did your child eat more than one kind of vegetable each day? Do not include vegetable juice. (*Circle one.*)

1. None
2. 1 to 2 days
3. 3 to 4 days
4. 5 to 6 days
5. Every day

5. During the past week, how many cups of vegetables did your child eat each day? Do not include vegetable juice. (*Circle one.*)

1. None
2. 1/2 cup
3. 1 cup
4. 1 1/2 cups
5. 2 cups
6. 2 1/2 cups
7. 3 cups or more



None



1 cup



2 cups



3 cups

6. During the past week, did your child eat any meals or snacks that were provided by his or her school or day care? (*Circle all that apply.*)

1. Yes, breakfast
2. Yes, lunch
3. Yes, snacks
4. No, did not eat breakfast, lunch, or snacks provided by school or day care

7. Is your child willing to try a new kind of fruit? (*Circle one.*)

1. No
2. Maybe
3. Yes

8. How many days during the past week did you give your child fruit as a snack? (*Circle one.*)

1. None
2. 1 to 2 days
3. 3 to 4 days
4. 5 to 6 days
5. Every day

9. How many days during the past week did your child ask or help himself or herself to fruit as a snack? (*Circle one.*)

1. None
2. 1 to 2 days
3. 3 to 4 days
4. 5 to 6 days
5. Every day

10. How many days during the past week did you give your child fruit at dinner? (*Circle one.*)

1. None
2. 1 to 2 days
3. 3 to 4 days
4. 5 to 6 days
5. Every day

11. Is your child willing to try a new kind of vegetable? (*Circle one.*)

1. No
2. Maybe
3. Yes

12. How many days during the past week did you give your child a vegetable as a snack? (*Circle one.*)

1. None
2. 1 to 2 days
3. 3 to 4 days
4. 5 to 6 days
5. Every day

13. How many days during the past week did your child ask or help himself or herself to vegetables as a snack? *(Circle one.)*

1. None
2. 1 to 2 days
3. 3 to 4 days
4. 5 to 6 days
5. Every day

14. How many days during the past week did you give your child a vegetable at dinner? *(Circle one.)*

1. None
2. 1 to 2 days
3. 3 to 4 days
4. 5 to 6 days
5. Every day

#### **Questions on the Dairy Products Your Child Eats**

15. Did your child drink milk or use milk on his or her cereal at home during the past week? *(Circle one.)*

1. Yes
2. No **[Go to Question 17]**

16. What kind of milk did your child drink or use on his or her cereal at home during the past week? *(Circle one.)*

1. Regular whole milk
2. 2% milk
3. 1% milk
4. Skim or fat-free milk
5. Other type of milk (for example, soy or rice milk)

17. How many days during the past week did your child eat low-fat or fat-free yogurt at home? *(Circle one.)*

1. None
2. 1 to 2 days
3. 3 to 4 days
4. 5 to 6 days
5. Every day

18. How many days during the past week did your child eat regular-fat yogurt at home?  
(Circle one.)

1. None
2. 1 to 2 days
3. 3 to 4 days
4. 5 to 6 days
5. Every day

### Questions on Your Child's Eating Habits

19. How many days during the past week did your child help you make or cook a meal? For example, did your child wash fruits or vegetables? (Circle one.)

1. None
2. 1 to 2 days
3. 3 to 4 days
4. 5 to 6 days
5. Every day

20. How many days during the past week did you make your child eat everything on his or her dinner plate? (Circle one.)

1. None
2. 1 to 2 days
3. 3 to 4 days
4. 5 to 6 days
5. Every day

21. How much do you agree or disagree with the following statement? "If my child eats healthy, he or she will be healthier when he or she gets older." (Circle one.)

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

22. How much do you agree or disagree with the following statement? "I am a good role model for my child by eating healthy foods." (Circle one.)

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree



## Questions about You and Your Household

23. During the past year, how often did you run out of food before the end of the month?

*(Circle one.)*

1. Did not run out of food
2. Seldom
3. Sometimes
4. Most of the time
5. Almost always

24. How many people under 18 years of age live in your household?

\_\_\_\_\_

25. Including yourself, how many people 18 years of age or older live in your household?

\_\_\_\_\_

26. Which of the following categories best describes your age? *(Circle one.)*

1. 18 to 24
2. 25 to 34
3. 35 to 44
4. 45 to 54
5. 55 to 64
6. 65 to 74
7. Over 74

27. What is your gender? *(Circle one.)*

1. Male
2. Female

28. Are you Hispanic or Latino? *(Circle one.)*

1. Yes
2. No

29. What is your race? *(Circle all that apply.)*

1. American Indian or Alaska Native
2. Asian
3. Black or African American
4. Native Hawaiian or other Pacific Islander
5. White

30. Does your family speak English at home? (*Circle one.*)

1. We speak English all of the time at home.
2. We speak English some of the time at home and speak another language some of the time.
3. We never speak English at home. We speak another language.

***Thank you for completing our survey.***

# **Chapter 1a. Assessment of Nutrition and Physical Activity Supports**

The tools summarized in this chapter are recommended measures for local Nutrition Education Obesity Prevention Branch (NEOPB) SNAP-Ed Program-funded projects participating in Impact/Outcome Evaluation (IOE). Local projects should select the appropriate survey based on the target age population of the intervention being evaluated. Projects participating in IOE are encouraged to use these tools to assess the kinds of supports for healthy eating and physical activity that are in place at the sites where they implement IOE. This information can be linked to individual behavioral data to analyze how these environmental factors support nutrition education interventions.

## **Assessment of Nutrition and Physical Activity Supports (ANAPS) For School Sites**

**What is the behavior/issue being measured?** The Assessment of Nutrition and Physical Activity Supports (ANAPS) is a site-based tool to measure the kinds of supports in place for healthy eating and physical activity. The ANAPS for School Sites was developed by the Nutrition Education and Obesity Prevention (NEOP) Branch for the assessment of environmental supports in schools. The ANAPS for School Sites is a paper-and-pencil questionnaire and should be completed by a school staff member who is familiar with school-wide health policy and environment, such as a Principal, Senior Health Educator, or other senior administrative staff.

The primary goal of the ANAPS is to enable county or statewide analysis of how environmental supports influence individual behavior change that result from nutrition education interventions. When used by NEOP projects for Impact/Outcome Evaluation, the ANAPS tool should be completed by all sites at approximately the same time as pre-tests.

**Who is the target audience?** The survey is appropriate for use with school administrators and other school staff familiar with school-wide health policy and environment.



## Assessment of Nutrition and Physical Activity Supports For School Sites

We are interested in the kinds of supports for healthy eating and physical activity that are currently in place at your school. This assessment will take less than 10 minutes to complete. Your responses to our questions will be kept strictly confidential, and we will not ask for your name or telephone number. Your participation in this assessment will not affect the quality of services that we will provide at this facility. We appreciate your participation.

Date: \_\_\_\_\_ School Site: \_\_\_\_\_

Job Function or Title: \_\_\_\_\_

### 1. Please identify from the following list those supports that are in place to help students eat more nutritious foods and beverages or reduce consumption of less nutritious foods and beverages?

Please mark ONE response per question.	Yes	No	Don't Know	N/A
a. A self-service salad bar for student meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The following foods available to students at breakfast, lunch, or snack time:				
Fruits and/or vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100% whole grains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low-fat dairy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lean protein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foods low in sodium, sugar, and/or solid fat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A free source of clean drinking water available throughout the school day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Onsite edible garden(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. A formal or informal joint use agreement for shared use of school or community kitchen or gardening facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Special emphasis on sourcing locally or regionally grown foods served in the cafeteria or classrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Information available to students or families on nutrition and caloric content of foods available at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. School policy prohibiting unhealthy foods served in the classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. School policy prohibiting the use of food as a reward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. School policy prohibiting advertisements for candy, fast food, soft drinks, or other less healthy foods on school property, in school publications, or at school-sponsored events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PLEASE TURN OVER AND COMPLETE THE OTHER SIDE.**

**2. Please identify from the following list those supports that are in place to help students to be physically active during the school day, at before/after school programs, or on school grounds at other times?**

Please mark ONE response per question.	Yes	No	Don't Know	N/A
a. Physical activity breaks during the school day (outside of PE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. School-sponsored intramural programs or physical activity clubs available to boys and girls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Interscholastic sports for both boys and girls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Organized or informal physical activity opportunities offered before/after school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Promotion or support for walking or biking to/from school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. A formal or informal joint use agreement for shared use of school or community physical activity facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3. Please identify from the following list those schoolwide programs or policies that are currently implemented to ensure that student and staff wellness are prioritized?**

Please mark ONE response per question.	Yes	No	Don't Know	N/A
a. A coordinated school health program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A student nutrition advisory committee on which students have roles in making and implementing nutrition policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A council, committee, or other group in which parents and community members can help plan, implement, and participate in nutrition education programs, promotions, and policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Worksite healthy eating policies for school staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**THANK YOU FOR COMPLETING THIS ASSESSMENT!**

**PLEASE RETURN IT TO \_\_\_\_\_**

## Chapter 2: Children's Surveys- Elementary & Middle School

The tools in this chapter have been compiled for the evaluation of interventions for youth. This chapter includes fruit and vegetable consumption and related factors, such as psychosocial and environmental factors, beverage consumption, and physical activity and related factors. In addition to the tools in this section, you may also find the Youth Nutrition and Physical Activity Survey in Chapter 1- Required Surveys for Impact Outcome Evaluations.

## **School Physical Activity and Nutrition Project (SPAN), 4<sup>th</sup> Grade, 8<sup>th</sup> Grade and 11<sup>th</sup> Grade**

**What is the behavior/issue being measured?** The overall goal of SPAN is to establish a surveillance system to monitor the prevalence of overweight/obesity in school-aged children in Texas. In addition, SPAN identifies factors in Texas students that may underlie obesity, including dietary behaviors, nutrition knowledge and attitudes, and physical activity.

**SPAN** is the School Physical Activity and Nutrition Project. It is conducted through the University of Texas Health Science Center, School of Public Health. These instruments are the foundation of the Network Youth Survey, but the actual SPAN surveys are slightly different.

SPAN data collection consisted of (1) administration of a questionnaire which assesses food choice behaviors, food selection skills, weight perceptions and practices, nutrition knowledge, attitudes about food and eating, and physical activity behaviors; and (2) height and weight measurements.

The SPAN survey has been validated; see description of the *Network Youth Survey* for more information. The survey was updated in 2009 and is available in Spanish and English. There is an administration protocol for the original SPAN surveys, though this should not be used for the Network Youth Survey

See 4<sup>th</sup> grade survey below. The 8<sup>th</sup> Grade and 11<sup>th</sup> Grade Survey is the same instrument and it is appropriate for both grades. Find 8<sup>th</sup> grade survey under Chapter 3, Surveys for High School Students, Section 3.1.

Find [protocol](#) under the website for the University of Texas School of Public Health, School Physical Activity and Nutrition Survey (SPAN).

**Who is the target audience?** The SPAN surveys are designed for 4<sup>th</sup> grade, 8<sup>th</sup> grade, and 11<sup>th</sup> grade students.

### **References**

Hoelscher DM, Day RS, Kelder SH, Ward JL. Reproducibility and validity of the secondary level School-Based Nutrition Monitoring student questionnaire. J Am Diet Assoc. 2003;103:186-194.



Double click on SPAN Student Assent to open 4<sup>th</sup> grade English instrument

School Physical Activity and Nutrition  
(SPAN) Project  
Student Assent

YOUR NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

GRADE: \_\_\_\_\_

YOUR TEACHER'S NAME: \_\_\_\_\_

- In this study you are being asked to answer questions about your food choices and physical activity (exercise). No one at school or at home will see your answers.
- An adult will weigh you, measure your height, and write the results on the last page of the survey.
- Taking part in this project is up to you. Your choice about taking part will not affect your grades in school or your ability to take part in any school activities.
- If you do not want to answer a question, you can skip it.
- You may stop taking part in this project at any time.
- After you complete the survey and are measured for height and weight, this page with your name on it (Student Assent) will be removed. Your name will never be used after that.
- By signing below, you agree to take part in this project.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

00001



**Double click on SPAN Student Assent to open 4<sup>th</sup> grade Spanish instrument**

Proyecto para la revista de nutrición  
y de actividades físicas en escuelas (SPAN)  
**Consentimiento del estudiante**

TU NOMBRE: \_\_\_\_\_

ESCUELA: \_\_\_\_\_

GRADO: \_\_\_\_\_

NOMBRE DE TU MAESTRO(A) \_\_\_\_\_

- En este estudio, se te pedirá que contestes preguntas acerca de tus elecciones de alimentos y las actividades físicas (los ejercicios) que practicas. Ninguna persona en la escuela o en casa verá tus respuestas.
- Un adulto te medirá la estatura y el peso y escribirá los datos en la última hoja de la encuesta.
- Participar en este estudio es únicamente decisión tuya. Tu decisión no afectará a tus calificaciones ni a tu capacidad para tomar parte en cualquier actividad escolar.
- Si no quieres contestar una pregunta, te puedes saltarla.
- En cualquier momento puedes dejar de participar en este proyecto.
- Después que completes la encuesta y se te midan la estatura y el peso, se quitará esta hoja (Consentimiento del estudiante), en la que aparece tu nombre. A partir de ese momento, nunca se usará tu nombre.
- Al firmar abajo, consientes en participar en este proyecto.

\_\_\_\_\_  
Firma del (la) estudiante

\_\_\_\_\_  
Fecha

00001

Double click on SPAN protocol to open it

## SPAN Student Survey Administration Protocol

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### I. Purpose

The purpose of the School Physical Activity & Nutrition (SPAN) Project student surveys is to collect information about dietary behaviors, knowledge and attitudes from a state representative sample of students in grades 4, 8 and 11.

### II. Survey Administration

Must be done on day following a school day, i.e., Tuesday through Friday.

- Can be administered at any time during the day.

### III. Staffing Needs

The classroom, health, science, P.E., other designated teacher, or SPAN measurement team will administer the survey.

### IV. Materials

- SPAN student surveys
- SPAN student survey administration protocol
- Pencils (one per student plus extras)

### V. Administration Protocol

- Instructions for designated teacher are in lower case plain type.
- *Instructions to be read aloud to the students are in lower case bold italics type.*
- Pass out the student surveys and pencils.

*Good morning (afternoon). My name is (name) and we are from the University of Texas – Houston. We are traveling around the state of Texas surveying students your age. Today I would like you to complete a questionnaire. We will also be measuring your height and weight. Each class and school asked to participate was done so at random. No one was chosen because of their height or weight. We will complete the first couple of pages of the survey together. Does anyone have any questions before we begin?*

- SPAN Student Survey

*Please fill in your name, school and grade at the top of the first page. Allow students time to complete this section. Please, listen as I read the first page to you. You will be asked to answer questions about your food choices and physical activity (exercise). An adult will weigh you, measure your height, and write the results on the last page of your questionnaire. No one at*

## **Availability Survey – Fruit, Juice & Vegetables at School**

**What is the issue being measured?** This survey measures availability of fruits and vegetables at school and is for use by adult school staff.

**Availability** is self-reported perceptions that fruits and vegetables are present and accessible.

Availability of fruits and vegetables is one factor known to influence fruit and vegetable intake (Cullen, et al., 2003). This survey has not been validated and may be modified. It is available in English.

**Who is the target audience?** This survey is designed for use by adult elementary school staff who report for 4<sup>th</sup> – 6<sup>th</sup> graders.

### **References**

Cullen KW, Baranowski T, et al. Availability, accessibility, and preferences for fruit, 100% fruit juice, and vegetables influence children's dietary behavior. *Health Educ Behav* 2003; 30(5): 615-26.

## Availability Survey – Fruit, Juice & Vegetables at School

**Are the following fruits available in the school?**

If 'Yes', check the appropriate box(es) to indicate where or when.

Please check <input checked="" type="checkbox"/> all that apply					
	School Breakfast	School Lunch	After School Snack Program	A La Carte	Vending
Apples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apple Juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bananas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strawberries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applesauce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Are the following vegetables available in the school?**

If 'Yes', check the appropriate box(es) to indicate where or when.

Please check <input checked="" type="checkbox"/> all that apply					
	School Breakfast	School Lunch	After School Program	A La Carte	Vending
Carrots	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Corn	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Potatoes (not fried)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Green Salad	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Green beans	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Broccoli	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Peas	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Tomatoes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

## Availability at Home

**What is the behavior/issue being measured?** This survey measures availability of fruits and vegetables at home.

**Availability** is self-reported perceptions that fruits and vegetables are present and accessible.

Availability of fruits and vegetables is one factor known to influence fruit and vegetable intake (Cullen, et al., 2003)<sup>1</sup>.

The validity of the instrument by Hearn, et al. (1998)<sup>2</sup> was assessed by comparing interviewer observed shelf inventories with shelf inventories reported by parents of 4<sup>th</sup> – 6<sup>th</sup> graders. The Cohen kappa was statistically significant ( $p < .05$ ) indicating agreement between the two measures.

The last two questions on the Home Availability Survey measure daily access to fruit and vegetables in the home. These were also adapted from Hearn's work (1998) with 4<sup>th</sup> and 5<sup>th</sup> graders. Fruits, vegetables and/or juices may be added to the list. The survey is available in English.

**Who is the target audience?** This survey is designed for use by adult parents of 4<sup>th</sup> – 6<sup>th</sup> grade children.

### References

1. Cullen KW, Baranowski T, et al. Availability, accessibility, and preferences for fruit, 100% fruit juice, and vegetables influence children's dietary behavior. *Health Educ Behav* 2003; 30(5): 615-26.
2. Hearn DH, Baranowski T, Baranowski J, Doyle C, Smith M, Lin LS, Resnicow K. Environmental Influences on Dietary Behavior Among Children: Availability and Accessibility of Fruits and Vegetables Enable Consumption. *Journal of Health Education* 1998; 29(1): 26-32.

## Availability Survey – Fruit, Juice & Vegetables At Home (Hearn, et al.)

Did you have any of the following fruits or vegetables in your home during the past week? It may have been fresh, frozen, canned, or dried.		
Please check <input checked="" type="checkbox"/> all that apply		
	Yes	No
Apples	<input type="checkbox"/>	<input type="checkbox"/>
Apple Juice	<input type="checkbox"/>	<input type="checkbox"/>
Bananas	<input type="checkbox"/>	<input type="checkbox"/>
Greens	<input type="checkbox"/>	<input type="checkbox"/>
Potatoes (not French fries)	<input type="checkbox"/>	<input type="checkbox"/>
Tomatoes	<input type="checkbox"/>	<input type="checkbox"/>

Did you have any 100% fruit juice in your home during the past week? It may have been fresh, frozen, canned, or dried.		
Please check <input checked="" type="checkbox"/> all that apply		
	Yes	No
100% Apple	<input type="checkbox"/>	<input type="checkbox"/>
100% Grape	<input type="checkbox"/>	<input type="checkbox"/>
100% Orange	<input type="checkbox"/>	<input type="checkbox"/>

## Availability Survey (Hearn)

These two questions will help explain why you may or may not eat fruits and vegetables. Please fill in one answer for each question.

- At your home do you have fruits to eat?
  - ☐ Never
  - ☐ Sometimes
  - ☐ Always
  - ☐ I don't know
- At your home do you have vegetables to eat?
  - ☐ Never
  - ☐ Sometimes
  - ☐ Always
  - ☐ I don't know



## ***Power Play! School and Idea Resource Kit (SIRK) Survey***

**What is the behavior/issue being measured?** This survey was designed to assess psycho-social changes that might occur as the result of participation in a *Power Play!* intervention.

*Power Play!* interventions consist of 10 lessons from the *SIRK*. The survey includes scales that measure:

- knowledge about fruit and vegetables
- positive outcome expectations for eating fruit and vegetables
- self-efficacy in asking, and shopping for fruit and vegetables
- self-efficacy for eating fruit and vegetables
- children's knowledge about physical activity
- outcome expectations for the physical outcomes of engaging in physical activity
- self-efficacy for engaging in physical activity
- recall of exposure to the *Power Play! Campaign*

**Knowledge** is possession of information, facts, ideas, or principles related to a general or specific topic.

**Outcome Expectations** are what individuals perceive will happen if they do (or stop doing) a particular behavior, like eating fruits and vegetables.<sup>1</sup>

**Self-efficacy** is a person's confidence that (s)he can carry out a particular behavior, such as eating fruits and vegetables or asking a parent to buy a favorite fruit.

The California Department of Public Health developed the *SIRK* survey to evaluate the impact of the *Power Play! Campaign's School Idea and Resource Kit (SIRK)*. The *SIRK* is one element, the classroom-based nutrition education, of a multilevel statewide social marketing campaign that encourages low-income, 9- to 11-year-old children and their families to eat the recommended amount of fruits and vegetables and be active for at least 60 minutes every day.

The knowledge questions were developed directly from the *SIRK* content. The psycho-social scales were developed by J. Baranowski and colleagues. They have been studied extensively<sup>1, 2</sup> and showed good internal consistency in a recent *SIRK* evaluation study.<sup>3, 4</sup>

Among 9- to 11-year-old children served by the *Network*, the six psychosocial scales described above demonstrated fair to good internal consistency at T1 and T2 with Cronbach's alphas ranging from 0.588 to 0.878.<sup>4</sup> The *SIRK* itself was shown to effectively increase children's' determinants of fruit and vegetable consumption and physical activity.<sup>3</sup>

The scales in the survey should not be modified. Specific questions may be administered separately to measure the factors targeted by your intervention.

**Who is the target audience?** The SIRK survey is aimed at 9-to-11-year-old-children.

## References

1. Baranowski T, Davis M, Resnicow K, Baranowski J, Doyle C, Smith M, Lin L, Wang DT. Gimme 5 fruit and vegetables for fun and health: Outcome Evaluation. *Health Education & Behavior* 2000; 27(1):96-111.
2. Saunders R P, Pate R, Felton G, Dowda M, Weinrich M, Ward D, Parsons M, & Baranowski T. Development of questionnaires to measure psychosocial influences on children's physical activity. *Preventive Med* 1997; 26, 241-247.
3. Keihner, A. J., Meigs, R., Sugerman, S., Backman, D., Garbolino, T., & Mitchell, P. (2011). The Power Play! Campaigns™ School Idea & Resource Kits Improve Determinants of Fruit and Vegetable Intake and Physical Activity among Fourth- and Fifth-Grade Children. *Journal of nutrition education and behavior*, 43(4), S122-S129.
4. *Network for a Healthy California*. (2005) Five a Day Power Play! Pre-Post Impact Survey. Unpublished.

## PRE/POST IMPACT SURVEY

We want to know what you think about fruits and vegetables. There are no right or wrong answers, just your opinion. Please circle the answer that best describes what you think.

FRUITS AND VEGETABLES	Please choose your answer.	
	False	True
1. Eating fruits and vegetables protects you from diseases.	F	T
2. Most of the vitamin C we get comes from fruits and vegetables.	F	T
3. How many servings of fruits and vegetables do you think elementary school students should eat each day to be healthy?  A. 1 serving B. 2 servings C. 3 servings D. 4 servings E. 5 or more servings F. Don't know		
4. How many servings of vegetables do kids your age need every day?  A. 1 serving B. 2 servings C. 3 servings D. 4 servings E. 5 servings		

We want to know what you think will happen if you eat fruits and vegetables every day. There are no right or wrong answers, just your opinion. Please circle the answer that best describes how much you disagree or agree with each sentence below.

<b>FRUITS AND VEGETABLES (IF I EAT)</b>	<b>Please choose your answer.</b>				
If I eat fruits and vegetables every day...	<b>I disagree very much</b>	<b>I disagree a little</b>	<b>I am not sure</b>	<b>I agree a little</b>	<b>I agree very much</b>
5. I will become stronger	A	B	C	D	E
6. my friends will start eating them too	A	B	C	D	E
7. I will have stronger eyes	A	B	C	D	E
8. I will have a nicer smile	A	B	C	D	E
9. I will be healthier	A	B	C	D	E
10. I will think better in class	A	B	C	D	E
11. it will keep me from getting fat	A	B	C	D	E
12. I will have more energy	A	B	C	D	E
13. my family will be proud of me	A	B	C	D	E

We want to know how sure you are that you can do things to eat more fruits and vegetables. There are no right or wrong answers, just your opinion. Please circle the answer that best describes how much you disagree or agree with each sentence below.

<b>FRUITS AND VEGETABLES (I THINK)</b>	<b>Please choose your answer.</b>				
	<b>I disagree very much</b>	<b>I disagree a little</b>	<b>I am not sure</b>	<b>I agree a little</b>	<b>I agree very much</b>
14. I think I can write my favorite fruit or vegetable on the family's shopping list	A	B	C	D	E
15. I think I can ask someone in my family to buy my favorite fruit or vegetable	A	B	C	D	E
16. I think I can go shopping with my family for my favorite fruit or vegetable	A	B	C	D	E
17. I think I can pick out my favorite fruit or vegetable at the store and put it in the shopping basket	A	B	C	D	E

FRUITS AND VEGETABLES (I THINK)	Please choose your answer.				
	I disagree very much	I disagree a little	I am not sure	I agree a little	I agree very much
18. I think I can ask someone in my family to make my favorite vegetable dish for dinner	A	B	C	D	E
19. I think I can ask someone in my family to serve my favorite fruit at dinner	A	B	C	D	E
20. I think I can ask someone in my family to have fruits and fruit juices out where I can reach them	A	B	C	D	E
21. I think I can ask someone in my family to have cut up vegetables out where I can reach them	A	B	C	D	E
22. I think I can eat 2 or more servings of fruit or fruit juice each day	A	B	C	D	E
23. I think I can eat 3 or more servings of vegetables each day	A	B	C	D	E
24. I think I can eat 5 or more servings of fruits and vegetables each day	A	B	C	D	E

We want to know what you think about physical activity. Remember that physical activity can be any play, game, sport, or exercise that gets you moving and breathing harder. There are no right or wrong answers, just your opinion. Please circle the answer that best describes what you think.

<b>PHYSICAL ACTIVITY</b>	<b>Please choose your answer.</b>
<p><b>25. How many minutes of physical activity do you think elementary school students should get each day to be healthy?</b></p> <ul style="list-style-type: none"><li>A. At least 15 minutes each day</li><li>B. At least 30 minutes each day</li><li>C. At least 60 minutes each day</li><li>D. At least 90 minutes each day</li><li>E. Don't know</li></ul>	
<p><b>26. Why is physical activity good for kids?</b></p> <ul style="list-style-type: none"><li>A. Helps keep you from getting sick</li><li>B. Helps you pay attention in school</li><li>C. Builds healthy bones and muscles to keep you strong</li><li>D. Gives you more energy</li><li>E. All of the above</li></ul>	

Please circle either “No” or “Yes” for each of the sentences below. “No” means that you do not agree with the sentence. “Yes” means that you agree with the sentence. Remember that physical activity can be any play, game, sport, or exercise that gets you moving and breathing harder.

<b>PHYSICAL ACTIVITY (I THINK)</b>	<b>Please choose your answer.</b>	
	<b>No</b>	<b>Yes</b>
27. I think I can be physically active most days after school	N	Y
28. I think I can ask my parent or other adult to do physically active things with me	N	Y
29. I think I can ask my parent or other adult to sign me up for a sport, dance, or other physical activity	N	Y
30. I think I can be physically active even if it is very hot or cold outside	N	Y
31. I think I can ask my best friend to be physically active with me	N	Y
32. I think I can ask my parent or other adult to get me the equipment I need to be physically active	N	Y
33. I think I can ask my parent or other adult to take me to a physical activity or sport practice	N	Y
34. I think I can be physically active even if I have a lot of homework	N	Y
35. I think I have the skills I need to be physically active	N	Y
36. I think I can be physically active no matter how busy my day is	N	Y
37. I think I can be physically active no matter how tired I may feel	N	Y

<b>PHYSICAL ACTIVITY (IT WOULD)</b>	<b>Please choose your answer.</b>	
<b>If I were to be physically active most days...</b>	<b>No</b>	<b>Yes</b>
38. it would help me be healthy	N	Y
39. it would help me control my weight	N	Y
40. it would make me embarrassed in front of others	N	Y
41. it would be fun	N	Y
42. it would get or keep me in shape	N	Y
43. it would be boring	N	Y
44. it would make me better in sports	N	Y

We want to know what you think about *5 a Day—Power Play!* There are no right or wrong answers, just your opinion. Please circle the answer that best describes what you think.

<b>POWER PLAY</b>	<b>Please choose your answer.</b>
<b>45. Have you heard of the <i>5 a Day—Power Play!</i> Campaign?</b>	
A. Yes B. No C. Don't know	
<b>46. What does <i>5 a Day—Power Play!</i> mean?</b> Please circle only one answer.	
A. Five food groups B. Exercise five times every day C. Eat 5 servings of fruits and vegetables and get 60 minutes of physical activity every day for good health D. Drink five sodas each day for energy E. Don't know	



## Food Preference Survey

**What is the behavior/issue being measured?** The Food Preference Survey is a measure of how much intervention participants like specific fruits and vegetables.

**Food Preferences** are how much intervention participants like specific fruits and vegetables.

Food preferences are strongly linked to fruit and vegetable consumption (Domel, 1993, Baxter, 2002, Cullen, 2003). Researchers have found that it takes about eight exposures to a new food for a child to develop a preference for it. The survey that follows is comprised of a sample list of fruits, juices and vegetables. It is available in both English and Spanish. Monterey Department of Public Health contributed the Spanish version of the survey.

The respondent is presented with a list of fruit and vegetables. For each, the respondent is asked if it is liked, disliked, or not felt strongly about one way or the other. There is a choice for “don’t know what the item is.” A sample list of fruits, vegetables, and juices is presented here, but the list may be modified without jeopardizing validity. The California Department of Public Health recommends that contractors include the fruit and vegetables featured in the intervention and a few others to identify some that the target audience does not like or with which they are unfamiliar. The latter items can be used as targets for a subsequent intervention to increase preferences for a greater variety of items.

*The list should not include apples, grapes, kiwi, oranges, peaches, pears or strawberries.* The results from the 2005-06 evaluation showed that a group of over 700 students, primarily 4<sup>th</sup> and 5<sup>th</sup> graders, were familiar with those items and liked them a lot. This would leave little room for improvement or change.

There are several ways to analyze change in the summary scores for preferences. The California Department of Public Health conducts two methods and only includes items featured in the intervention. The first answers the question: Did respondents become familiar with fruits or vegetables that were previously unknown to them? This analysis would capture change in the proportion of respondents who move from “I don’t know what this is” to “I don’t like it”, “I like it a little” or “I like it a lot”. A McNemar test is appropriate for this analysis.

The second question is: Did preferences change for those who knew what the item was? This analysis excludes those individuals who reported, at pretest, not knowing what the item was. The rationale is that those who cannot identify an item do not have a preference for it. A paired t-test is used to capture movement within the three preference responses.

**Who is the target audience?** The survey was originally validated for use with third (Cullen, 2003) and fourth grade (Baxter, 2002) students. However, it is appropriate for use with any ages from 3<sup>rd</sup> grade through adult.

## **References**





Cullen K, Baranowski T, et al. Availability, accessibility, and preferences for fruit, 100% fruit juice, and vegetables influence children's dietary behavior. *Health Educ Behav* 2003; 30: 615-26.

Domel, S. B., T. Baranowski, et al. (1993). Measuring fruit and vegetable preferences among 4th- and 5th-grade students. *Prev Med* 22(6): 866-79.

Baxter, S. D. and W. O. Thompson (2002). Fourth-grade children's consumption of fruit and vegetable items available as part of school lunches is closely related to preferences. *J Nutr Educ Behav* 34(3): 166-71.

## Food Preferences Survey, English

**How much do you like these fruits and vegetables?** Please bubble your answer ●




















	I like this a lot 	I like this a little 	I do not like this 	I don't know what this is 
Asparagus.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avocados.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beets.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Broccoli.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cabbage.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooked Greens.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corn.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dried Plum.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grapefruit.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Green Beans.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mandarins (Tangerines)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Melons.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mushrooms.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nectarines.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Onions.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Persimmons.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plums.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radishes.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salad Greens.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spinach.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sweet Potatoes.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tomatoes.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are there other fruits that you really like? <input type="checkbox"/> Yes → what kind? _____				
Are there other vegetables that you really like? <input type="checkbox"/> Yes → what kind? _____				

## Food Preferences Survey, Spanish

**Grade/Grado:** 4<sup>th</sup> <sup>1</sup>

Teacher/Maestro/a:

Student ID/Numero de Identificación: \_\_\_\_\_

Food Preference Survey – Fruits and Vegetables		Encuesta de Frutas Y Verduras		
How much do you like these fruits and vegetables? Please check <input checked="" type="checkbox"/> your answer				
¿Cuánto te gusta la fruta y verdura? Por favor marca tu respuesta con una <input checked="" type="checkbox"/>				
Fruits and Vegetables	I like this a lot  Me gusta mucho	I like this a little  Me gusta un poco	I do not like this  No me gusta	I don't know what this is  No sé que es esto
Frutas y Verduras				
 Banana/Plátano	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Broccoli/Brocoli	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Cabbage/Repollo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Carrot/Zanahoria	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Green bean/Ejote	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Mushroom/Hongo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Nectarine/Nectarina	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Orange/Naranja	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Peach/Durazno	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Pear/Pera	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Plum/Ciruela	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Strawberry/Fresa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Tomato/Tomate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Watermelon/Sandia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Zucchini/Calabacita	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are there other fruits that you really like? ☐ Yes → what kind?

¿Hay otras frutas que te gustan mucho? ☐ Sí → ¿qué tipo?

\_\_\_\_\_

Are there other vegetables that you really like? ☐ Yes → what kind?

¿Hay otros vegetales que te gustan mucho? ☐ Sí → ¿qué tipo?

\_\_\_\_\_

<sup>1</sup> Translated by staff at Monterey County Health Department



# Knowledge Surveys, Children

**What is the behavior/issue being measured?** There are two knowledge surveys in this Compendium with questions addressing nutrition, health, and the health benefits of making healthy food choices.

**Knowledge** is a measure of how much intervention participations know and how much they learn from an intervention. Knowledge is a factor that is sometimes related to behavior change but is not sufficient by itself.

Knowledge surveys should be selected for questions that target the information presented by an intervention and may be adapted by LIAs if appropriate. The surveys may be modified (questions added or removed) to cover topics addressed by the intervention.

The correct answers should be added to get a summary score, which will range between 0 and the total number of questions. The correct answers are marked by a “1” and incorrect responses are marked with a “0”.

The answer key for the **General Knowledge Survey** is: Q1 = true (1); Q2 = true (1); Q3 = true (1); Q4 = Drink juice at breakfast 3 days this week (3); Q5 = Plain grilled chicken breast sandwich (3); Q6 = Order a side of salad (4); Q7 = Baked potato without toppings like butter (3).

The **Hawthorne Unified School District Student Knowledge Survey** is an example of a survey developed by a California Department of Public Health LIA to target the specific content of their intervention. While this survey has not been validated, we include it in this Compendium to illustrate how an LIA may develop or modify existing knowledge surveys to meet a program’s unique needs. Hawthorne USD used this survey with students in 3<sup>rd</sup> through 5<sup>th</sup> grades.

The answer key for the Hawthorne USD Student Knowledge Survey is: Q1= fiber (B); Q2= yellow-orange and dark green (C); Q3=fresh fruit (C); Q4=100% fruit juice (A); Q5=oranges (D).

**Who is the target audience?** The first three items of the General Knowledge Survey were developed by Hoelscher, et al. that were used with 4<sup>th</sup>, 8<sup>th</sup> and 11<sup>th</sup> grades in a study on BMI prevalence<sup>1</sup> but tested for reliability and validity with only 8<sup>th</sup> graders.<sup>2</sup> Items 4-7 were used in a tool developed by Reynolds, et al. (2002) in the “High 5” intervention.<sup>3</sup>

## References

1. Hoelscher D, Day RS, Lee ES, Frankowski RF, Kelder SH, Ward JL, Scheurer ME. Measuring the prevalence of overweight in Texas school children. American Journal of Public Health 2004; 94: 1002-1008.

2. Hoelscher, D. M., Day, R. S., Kelder, S. H., & Ward, J. L. (2003). Reproducibility and validity of the secondary level School-Based Nutrition Monitoring student questionnaire. *J Am Diet Assoc*, 103(2), 186-194.
3. Reynolds K, Yaroch A, et al. Testing mediating variables in a school-based nutrition intervention program. *Health Psychol* 2002; 21(1): 51-60.

## General Knowledge (Reynolds, Hoelscher)

**We want you to tell us what you know about healthful eating.**

Please check ☒ your answer

**1. What you eat can make a difference in your chances of getting heart disease or cancer.**

- 1 ☐ True
- 2 ☐ False
- 3 ☐ Don't know

**2. People who are overweight are more likely to have health problems than people who are not overweight.**

- 1 ☐ True
- 2 ☐ False
- 3 ☐ Don't know

**3. People who are underweight are more likely to have health problems than people who are who not underweight.**

- 1 ☐ True
- 2 ☐ False
- 3 ☐ Don't know

**4. Which of these would be the best example of a SHORT-TERM Goal to help you begin to eat more fruits and vegetables?**

- 1 ☐ Eat fruit or drink juice every day for breakfast and lunch
- 2 ☐ Try to eat more fruits and vegetables
- 3 ☐ Drink juice at breakfast 3 days this week
- 4 ☐ Don't know

**5. Which of these would be the LOWEST Fat sandwich choice?**

- 1 ☐ Cheeseburger
- 2 ☐ Tuna salad sandwich with mayonnaise
- 3 ☐ Plain grilled chicken breast sandwich
- 4 ☐ Don't know

**6. Which of these would be the best way to add a fruit or vegetable to your meal at a fast food restaurant?**

- 1 ☐ Add a tomato slice to your hamburger
- 2 ☐ Order apple pie for dessert
- 3 ☐ Order a large serving of French fries
- 4 ☐ Order a side of salad
- 5 ☐ Don't know

**7. Which of these is the HEALTHIEST way to eat potatoes?**

- 1 ☐ Potato salad
- 2 ☐ French fries
- 3 ☐ Baked potato without toppings like butter
- 4 ☐ Don't know



# Hawthorne Unified School District

## Student Knowledge Survey

**Directions:** This is a survey to find out what you know. Circle the letter of the one best answer.

1. Fruits and vegetables contain vitamins and \_\_\_\_\_.
  - a. protein
  - b. fiber
  - c. cholesterol
  - d. fat
  - e. I don't know
2. Fruits and vegetables that are high in Vitamin A are \_\_\_\_\_ in color.
  - a. red and white
  - b. blue and light brown
  - c. yellow-orange and dark green
  - d. brown and purple
  - e. I don't know
3. Which ONE of these foods is a healthy snack?
  - a. Ice cream
  - b. Potato chips
  - c. Fresh fruit
  - d. Fruit Roll-ups
  - e. I don't know
4. The healthiest juice to buy has \_\_\_\_\_ on the label.
  - a. 100% fruit juice
  - b. contains fruit juice
  - c. 100% fruit punch
  - d. tastes great
  - e. I don't know
5. A fruit salad will be higher in Vitamin C if you add \_\_\_\_\_ to it.
  - a. apples
  - b. grapes
  - c. bananas
  - d. oranges
  - e. I don't know

# Social and Family Norms Surveys For Children

**What is the behavior/issue being measured?** The surveys have been used to measure social and family norms.

**Social and family norms** refer to a social network's expectation of its members' behavior and are factors that influence an individual at the interpersonal level. Small changes in social norms can have larger effects on group behavior.

The surveys below have been used to measure social and family norms.<sup>1</sup> These specific tools were adapted from surveys that originally utilized servings instead of cups and were validated with the servings language.

Choose the survey that best matches your intervention goal(s). When analyzing these data, the responses should be added to get a summary social or family norms score for each participant. Higher scores represent better results.

**Who is the target audience?** The surveys can be used with children 9 years and older. The surveys are only available in English.

## References

1. Baranowski T, Davis M, Resnicow K, Baranowski J, Doyle C, Smith M, Lin L, Wang DT. (2000). Gimme 5 fruit and vegetables for fun and health: Outcome Evaluation. *Health Education & Behavior*, 27, 96-111.

## Social Norms

What do others think of eating fruits and vegetables?	(Please check <input checked="" type="checkbox"/> your answer)			
	A very good thing	A good thing	Not important	I don't know
1. Most people in my family think that eating 1½ -2 cups of fruit or juice each day is...	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Most people in my family think that eating 1½ - 3 cups of vegetables each day is...	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
3. Most kids my age think that eating 1½ -2 cups of fruit or juice each day is...	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
4. Most kids my age think that eating 1½ - 3 cups of vegetables each day is...	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>

## Family Norms

What do you think of the following statements?	(Please check <input checked="" type="checkbox"/> your answer)		
	Disagree	Uncertain	Agree
1. Most people in my family think that eating 3-5 cups of fruits and vegetables each day is a good thing for me to do.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
2. Most people in my family think that eating 1½ -2 cups of fruit and juice each day is a good thing for me to do.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
3. Most people in my family think that eating 1½ -3 cups of vegetables each day is a good thing for me to do.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

# Outcome Expectations Surveys for Children

**What is the behavior/issue being measured?** Positive fruit and vegetable outcome expectations are measured in these surveys.

**Outcome Expectations** are what individuals perceive will happen if they do (or stop doing) a particular behavior, like eating fruits and vegetables.<sup>1</sup>

There are two instruments the Nutrition Education Obesity Prevention (NEOP) SNAP-Ed Program recommends using to capture outcome expectations for eating fruits and vegetables. Both surveys are available in English only.

The first set of questions was adapted from a survey developed by Reynolds et al.<sup>2</sup> as a 12-item scale. Positive fruit and vegetable outcome expectations are measured on a 3-point Likert scale ranging from disagree to agree. NEOP has reduced the original scale to seven items to be more consistent with the nutrition education delivered by SNAP-Ed contractors and USDA guidelines.

**Who is the target audience?** This survey was validated with 4<sup>th</sup> graders, but the questions are written at a 6<sup>th</sup> grade reading level. It is best used with 6<sup>th</sup> grade and above.

The second outcome expectations survey is 9 questions. Positive fruit and vegetable outcome expectations are measured on a 5-point Likert scale ranging from disagree very much to agree very much. These questions were developed as part of the School and Idea Resource Kit (SIRK) survey<sup>3</sup> and are also included as part of that instrument (see link below).

<http://cdphinternet/programs/cpns/Documents/3ProgramsSchoolandIdeaResourceKit.docx>

**Who is the target audience:** This survey is appropriate for use with 4<sup>th</sup> grade children and above.

## References

1. Baranowski T, Davis M, Resnicow K, Baranowski J, Doyle C, Smith M, Lin L, Wang DT. Gimme 5 fruit and vegetables for fun and health: Outcome Evaluation. Health Education & Behavior 2000; 27(1):96-111.
2. Reynolds K, Yaroch A, et al. Testing mediating variables in a school-based nutrition intervention program. Health Psychol 2002; 21(1): 51-60.
3. Keihner, A.J., Meigs, R., Sugerman, S., Backman, D., Garbolino, T., & Mitchell, P. The *Power Play! Campaign's School Idea & Resource Kits* improve determinants of fruit and vegetable intake and physical activity among fourth- and fifth-grade children. Journal of Nutrition Education & Behavior 2011; 43(4S2): S122-S129.

**The questions in this section are about what you think will happen if you eat fruit and vegetables. Tell us how much do you agree or disagree with the following statements? Please bubble in one answer for each question.**

	<b>Disagree</b>	<b>Not Sure</b>	<b>Agree</b>
1. I will have more energy for playing (sports, recess or after school) if I eat fruits and vegetables.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I will get sick more often if I don't eat fruits and vegetables.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Eating fruits and vegetables will help me grow.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I will have healthier skin if I eat fruits and vegetables.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. If I eat fruits and vegetables, I will have stronger eyes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. If I eat fruits or vegetables at breakfast, I will be able to think better in class.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Eating fruits and vegetables may help keep me from getting cavities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

We want to know what you think will happen if you eat fruits and vegetables every day. There are no right or wrong answers, just your opinion. Please circle the answer that best describes how much you disagree or agree with each sentence below.

FRUITS AND VEGETABLES (IF I EAT)	Please choose your answer.				
If I eat fruits and vegetables every day...	I disagree very much	I disagree a little	I am not sure	I agree a little	I agree very much
1. I will become stronger	A	B	C	D	E
2. my friends will start eating them too	A	B	C	D	E
3. I will have stronger eyes	A	B	C	D	E
4. I will have a nicer smile	A	B	C	D	E
5. I will be healthier	A	B	C	D	E
6. I will think better in class	A	B	C	D	E
7. it will keep me from getting fat	A	B	C	D	E
8. I will have more energy	A	B	C	D	E
9. my family will be proud of me	A	B	C	D	E

## **Self-Efficacy Surveys for Children: Eating, Asking, and Preparing Fruits and Vegetables**

**What is the behavior/issue being measured?** This question module tests self-efficacy for eating, asking for and preparing fruits and vegetables.

**Self-Efficacy** is a person's confidence that (s)he can carry out a particular behavior, such as eating fruits and vegetables or asking a parent to buy a favorite fruit.

This survey was tested in English for reliability in an evaluation of the High 5 program, a school-based fruit and vegetable promotion program.<sup>1</sup>

A Spanish translation of this survey is also provided in this Compendium. This translation was submitted by a *Network* contractor, East Los Angeles College and has not been tested for reliability or validity.

**Who is the target audience?** This survey can be used with children in 4<sup>th</sup> grade and above.

### **References**

1. Reynolds K, Yaroch A, Franklin FA, & Maloy, J. Testing mediating variables in a school-based nutrition intervention program. *Health Psychol* 2002; 21(1): 51-60.

## Self-Efficacy Survey – Eating, Asking, Preparing FVs

How sure are you that you can:	Please check <input checked="" type="checkbox"/> your answer		
	Not Sure	I Think So	Very Sure
1. eat fruits I like (such as bananas or raisins) at breakfast	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
2. eat vegetables I like (such as green peppers or tomatoes) at breakfast	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
3. drink a glass of my favorite juice (such as orange juice or apple juice) with my breakfast	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
4. eat fruits I like (such as applesauce or fruit cocktail) at lunch	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
5. eat vegetables I like (such as salad or a plain baked potato) at lunch	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6. drink a glass of my favorite juice (such as grape juice or V-8 juice) with my lunch	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
7. eat fruits I like (such as apples or oranges) for dessert at dinner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
8. eat vegetables I like (such as corn or beans) at dinner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
9. drink a glass of my favorite juice (such as tomato juice or orange juice) with my dinner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
10. snack on fruits I like (such as grapes or bananas) instead of on foods like cake or cookies	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
11. snack on vegetables I like (such as carrot or celery sticks) instead of on foods like potato or corn chips	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
12. drink a glass of my favorite juice (such as apple juice or grape juice) with my snack	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
13. ask my mom or dad to buy fruit for snacks	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
14. ask my mom or dad to fix my favorite vegetable dishes at dinner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
15. ask my mom or dad to keep 100% juice in the refrigerator	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
16. help my mom or dad fix a fruit or vegetable snack	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
17. cook a vegetable (like corn-on-the-cob) for dinner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>



## **Self-Efficacy Surveys for Children: Eating, Asking, and Preparing Fruits and Vegetables**

**What is the behavior/issue being measured?** This question module tests self-efficacy for eating, asking for and preparing fruits and vegetables.

**Self-Efficacy** is a person's confidence that (s)he can carry out a particular behavior, such as eating fruits and vegetables or asking a parent to buy a favorite fruit.

This survey was tested in English for reliability in an evaluation of the High 5 program, a school-based fruit and vegetable promotion program.<sup>1</sup>

A Spanish translation of this survey is also provided in this Compendium. This translation was submitted by a *Network* contractor, East Los Angeles College and has not been tested for reliability or validity.

**Who is the target audience?** This survey can be used with children in 4<sup>th</sup> grade and above.

### **References**

1. Reynolds K, Yaroch A, Franklin FA, & Maloy, J. Testing mediating variables in a school-based nutrition intervention program. *Health Psychol* 2002; 21(1): 51-60.

## Exámen de Eficacia Propia–Comiendo, Preguntando, Preparando Frutas y Vegetales

<b>How sure are you that you can:</b> <i>Que tan seguro/a estas que tu puedes:</i>	Please check <input checked="" type="checkbox"/> your answer Por favor, marca tu respuesta con una <input checked="" type="checkbox"/>		
	Not Sure <i>No estoy Seguro/a</i>	I Think So <i>Creo que sí</i>	Very Sure <i>Estoy Seguro/a</i>
1. Eat fruits I like at breakfast. <i>Comer las frutas que te gustan en el desayuno.</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
2. Eat vegetables I like at breakfast. <i>Comer los vegetales que te gustan en el desayuno.</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
3. Drink a glass of my favorite juice with my breakfast. <i>Beber un vaso de tu jugo favorito con tu desayuno.</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Eat fruits I like at lunch. <i>Comer las frutas que te gustan en el almuerzo.</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
5. Eat vegetables I like at lunch. <i>Comer los vegetales que te gustan en el almuerzo.</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6. Drink a glass of my favorite juice with my lunch. <i>Beber un vaso de tu jugo favorito con tu almuerzo.</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
7. Eat fruits I like for dessert at dinner. <i>Comer las frutas que te gustan como postre después de la cena.</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
8. Eat vegetables I like at dinner. <i>Comer los vegetales que te gustan en la cena.</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
9. Drink a glass of my favorite juice with my dinner. <i>Beber un vaso de tu jugo favorito con tu cena.</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
10. Snack on fruits I like. <i>Comer bocadillos de las frutas que te gustan.</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
11. Snack on vegetables I like instead of on foods like potato chips or corn chips. <i>Comer bocadillos de los vegetales que te gustan en lugar de papitas.</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
12. Drink a glass of my favorite juice with my snack. <i>Beber un vaso de tu jugo favorito con tu bocadillo.</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
13. Ask my mom or dad to buy fruit for snacks <i>Pedir a mi mamá o papá a comprar fruta a comer como bocadillos</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

How sure are you that you can: <i>Que tan seguro/a estas que tu puedes:</i>	Please check <input checked="" type="checkbox"/> your answer Por favor, marca tu respuesta con una <input checked="" type="checkbox"/>		
	Not Sure <i>No estoy Seguro/a</i>	I Think So <i>Creo que sí</i>	Very Sure <i>Estoy Seguro/a</i>
14. Ask my mom or dad to fix my favorite vegetable dishes at dinner <i>Pedir a mi mamá o papá a preparar mi vegetal favorite para la cena</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
15. Ask my mom or dad to keep 100% juice in the refrigerator <i>Pedir a mi mamá o papá que mantenga 100% jugo en la refrigeradora</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
16. Help my mom or dad fix a fruit or vegetable snack. <i>Ayuda a tu mamá o papá a preparar bocadillos de fruta o vegetales.</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
17. Cook a vegetable (like corn-on-the-cob) for dinner <i>Cocinar un vegetal para la cena</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

## Self-Efficacy Surveys for Children: Eating Fruits and Vegetables

**What is the behavior/issue being measured?** This question module tests self-efficacy for eating fruits and vegetables at various meals and snacks.

**Self-efficacy** is a person's confidence that (s)he can carry out a particular behavior, such as eating fruits and vegetables or asking a parent to buy a favorite fruit.

This question module was developed as part of the Gimme 5 evaluation study<sup>1</sup>.

**Who is the target audience:** Previous research found good reliability when tested with 3<sup>rd</sup> graders.

### References

1. Baranowski T, Davis M, Resnicow K, Baranowski J, Doyle C, Smith M, Lin L, Wang DT. Gimme 5 fruit and vegetables for fun and health: Outcome Evaluation. *Health Education & Behavior* 2000; 27(1):96-111.

## Self-Efficacy Survey - Eating FVs

I think I can...	Please check <input checked="" type="checkbox"/> your answer				
	I disagree very much	I disagree a little	I am not sure	I agree a little	I agree very much
<b>1. For breakfast, I think I can...</b>					
A. drink a glass of my favorite juice	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
B. add fruit to my cereal	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>2. For lunch at school, I think I can...</b>					
A. eat a vegetable that's served	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
B. eat a fruit that's served	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>3. For lunch at home I think I can...</b>					
A. Eat carrot or celery sticks instead of chips	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
B. Eat my favorite fruit instead of my usual dessert	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>4. For a snack I think I can choose...</b>					
A. my favorite fruit instead of my favorite cookie	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
B. my favorite fruit instead of my favorite candy bar	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
C. my favorite raw vegetable with dip instead of my favorite cookie	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
D. my favorite raw vegetable with dip instead of my favorite candy bar	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
E. my favorite raw vegetable with dip instead of chips	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>5. For dinner I think I can....</b>					
A. eat a big serving of vegetables	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
B. eat my favorite fruit instead of my usual dessert	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

## **Self-Efficacy Surveys for Children: Asking and Shopping for Fruits and Vegetables**

**What is the behavior/issue being measured?** This question module tests a child's self-efficacy to ask for and participate in family shopping for fruits and vegetables.

**Self-efficacy** is a person's confidence that (s)he can carry out a particular behavior, such as eating fruits and vegetables or asking a parent to buy a favorite fruit.

This question module was developed as part of the Gimme 5 evaluation study<sup>1</sup> and

**Who is the target audience?** Previous research found good reliability when tested with 3<sup>rd</sup> graders.

### **References**

1. Baranowski T, Davis M, Resnicow K, Baranowski J, Doyle C, Smith M, Lin L, Wang DT. Gimme 5 fruit and vegetables for fun and health: Outcome Evaluation. *Health Education & Behavior* 2000; 27(1):96-111.

## Self-Efficacy Survey - Asking and Shopping for FVs

	Please check <input checked="" type="checkbox"/> your answer				
How sure are you that you can:	I disagree very much	I disagree a little	I am not sure	I agree a little	I agree very much
1. write my favorite fruit or vegetable on the family's shopping list	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2. ask someone in my family to buy my favorite fruit or vegetable	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3. go shopping with my family for my favorite fruit or vegetable	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4. pick out my favorite fruit or vegetable at the store and put it in the shopping basket	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5. ask someone in my family to make my favorite vegetable dish for dinner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
6. ask someone in my family to serve my favorite fruit at dinner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
7. ask someone in my family to have fruits and fruit juices out where I can reach them	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
8. ask someone in my family to have vegetables cut up out where I can reach them	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

## Beverage and Snack Questionnaire

**What is the behavior/issue being measured?** The 19-item questionnaire is used to assess frequency of consumption of beverages plus consumption of salty and sweet snacks such as cookies and candy.

**Food Consumption** refers to specific amounts of foods and beverages that respondents actually report eating. It can be reported in terms of times per day, week, or month; cups per day; or other time intervals.

The Beverage and Snack Questionnaire (BSQ) is a 19-item questionnaire used to assess frequency of consumption of beverages such as soft drinks, energy drinks, juice, fruit drinks and milk plus consumption of salty and sweet snacks such as cookies and candy. The response options inquire whether the food or beverage was consumed at school or away from school. The questionnaire was developed for use with 10-18 year olds and has been validated.

The BSQ2 is a modified version that was developed in conjunction with the California Department of Public Health. It differs slightly from the validated version: The milk questions have been changed in order to separate flavored milks from regular milks, for investigators interested in overall sweetened beverage consumption. Water and specialty coffee/tee questions have also been added.

Samples of both questionnaires can be accessed from the website of the Nutrition Assessment Shared Resource of the Fred Hutchinson Cancer Research Center (<http://ffq.fhcrc.org>, located under "Specific Food Questionnaires"). To use either of these questionnaires, please email [nasr@fhcrc.org](mailto:nasr@fhcrc.org) or call (206) 667-4161 or (800) 460-7270 (toll free). A sample of the BSQ2 is also provided within this Compendium, and we can provide the BSQ2 to *Network* programs on request.

**Who is the target audience?** The questionnaire was developed for use with 10-18 year olds and has been validated.

### References

Neuhouser ML, Lilley S, Lund A, and Johnson DB. Development and validation of a beverage and snack questionnaire for use in evaluation of school nutrition policies. *J Am Diet Assoc* 2009; 109 (9): 1587-1592.



Adapted from original by Network for a Healthy California

Please think about what you ate during the past week, while you were at school, and while you were not at school. Not at school includes all of the rest of the time, for example when you are at home, at a friend's house, or at a restaurant. You are going to mark the column that shows, on average, how many times you ate the food at school and not at school. If you did not eat this food or drink this beverage during the past week, please mark "never or less than 1 per week."

[illegible]

This next section is about foods.

Type of food	Location	How often did you eat these foods in the past week? (mark <u>one</u> in each row)						
		Never or less than 1 per week	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4+ per day
<b>Q.14</b> Low-fat or non-fat potato chips, tortilla chips and corn chips (such as Baked Lays, Reduced-fat Doritos, Fat-Free Pringles)	At School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Not at School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Q.15</b> Regular potato chips, tortilla chips, corn chips and puffs (such as all flavors of Ruffles, Lay's, Pringles, Doritos, Fritos, Cheetos)	At School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Not at School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Q.16</b> Other salty snacks (like cheese nibs, Chex mix, gold fish crackers, Ritz Bitz)	At School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Not at School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Q.17</b> Candy, including chocolate, candy bars, jelly bellies, gummies and Lifesavers ( <b>do not</b> include cookies)	At School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Not at School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Q.18</b> Doughnuts, pop tarts or other breakfast pastries	At School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Not at School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Q.19</b> Cookies, brownies, pies and cakes	At School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Not at School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Q.20</b> Low or nonfat frozen desserts such as low fat ice cream, frozen yogurt, popsicles, & sherbet	At School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Not at School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Q.21</b> Regular ice cream & milkshakes (include all flavors)	At School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Not at School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Q.22</b> How often did you eat a serving of vegetables such as green salad, peas, green beans or corn? ( <b>do not</b> count fried potatoes or French fries)	At School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Not at School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Q.23</b> How often did you eat a serving of fruit such as a banana, apple or grapes? ( <b>do not</b> count juices)	At School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Not at School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This is the end, Thank You!

# Food Insecurity, Use of Food Assistance Programs, and Related Questions for Children and Adolescents

**What is the behavior/issue being measured?** The Self-Administered Food Security Survey Module measures food insecurity, Supplemental Nutrition Assistance Program utilization, and use of other food assistance programs and sources of food. Food security questions are asked when there is a concern that your program participants may have insufficient regular access to nutritious food.

**Food Insecurity** is the condition of not being assured of an adequate, nutritious, consistent, safe food supply.

There are three conditions related to food insecurity: food secure households have a steady supply of safe, nutritious food available at all times; households classified as having *low food security* have reported multiple indications of food access problems, but typically have reported few, if any, indications of reduced food intake. Households classified as having *very low food security* have reported multiple indications of reduced food intake and disrupted eating patterns due to inadequate resources for food. In most but not all households with *very low food security*, the survey respondent reported that he or she was hungry at some time during the year but did not eat because there was not enough money for food.

The Child Food Security Survey Module was developed by researchers at the University of Southern Mississippi in collaboration with ERS and documented in **Food Security of Older Children Can Be Assessed Using a Standardized Survey Instrument**.<sup>1</sup> Internal validity of the module was found adequate for children ages 12 and older, but its use is not recommended for younger children. Initial validation was conducted in a sample of children from a school in Mississippi. Use of the module in other regions of the country should be considered exploratory until further validation assessment is conducted. Cognitive testing indicated that recall and responses for a 12-month period might not be reliable, and a 30-day reference period is recommended.

**Who is the target audience?** The Self-Administered Food Security Survey Module is for children age 12 years and older.

## References

1. Connell CL, Nord M, Lofton KL, and Yadrick K. Food Security of Older Children Can Be Assessed Using a Standardized Survey Instrument. J Nutr. 134:10, 2566-72, 2004.

# Self-Administered Food Security Survey Module for Children Ages 12 Years and Older; September 2006

<http://www.ers.usda.gov/media/476115/youth2006.pdf>

## Child Food Security Survey Module

The following questions are about the food situation in your home **during the last month**. Please circle the answer that best describes you. Do not put your name on the paper. Your answers will remain a secret.

1. Did you **worry** that food at home would run out before your family got money to buy more?

\_\_\_\_\_ A LOT  
\_\_\_\_\_ SOMETIMES  
\_\_\_\_\_ NEVER

2. Did the food that your family bought **run out**, and you didn't have money to get more?

\_\_\_\_\_ A LOT  
\_\_\_\_\_ SOMETIMES  
\_\_\_\_\_ NEVER

3. Did your meals only include a few kinds of **cheap foods** because your family was running out of money to buy food?

\_\_\_\_\_ A LOT  
\_\_\_\_\_ SOMETIMES  
\_\_\_\_\_ NEVER

4. How often were you not able to eat a **balanced meal** because your family didn't have enough money?

\_\_\_\_\_ A LOT  
\_\_\_\_\_ SOMETIMES  
\_\_\_\_\_ NEVER

5. Did you have to **eat less** because your family didn't have enough money to buy food?

\_\_\_\_\_ A LOT  
\_\_\_\_\_ SOMETIMES  
\_\_\_\_\_ NEVER

6. Has the size of your meals **been cut** because your family didn't have enough money for food?

\_\_\_\_\_ A LOT  
\_\_\_\_\_ SOMETIMES  
\_\_\_\_\_ NEVER

7. Did you have to **skip a meal** because your family didn't have enough money for food?

\_\_\_\_\_ A LOT  
\_\_\_\_\_ SOMETIMES  
\_\_\_\_\_ NEVER

8. Were you hungry but didn't eat because your family didn't have enough food?

\_\_\_\_\_ A LOT  
\_\_\_\_\_ SOMETIMES  
\_\_\_\_\_ NEVER

9. Did you not eat for a **whole day** because your family didn't have enough money for food?

\_\_\_\_\_ A LOT  
\_\_\_\_\_ SOMETIMES  
\_\_\_\_\_ NEVER

**[End of Child Food Security Survey Module]**

**User Notes**

**(1) Coding Responses and Assessing Children's Food Security Status:**

Responses of "a lot" or "sometimes" are coded as affirmative. The sum of affirmative responses to the nine questions in the Child Food Security Module is the respondent's raw score on the scale.

Provisional classification guidance (updated to be consistent with USDA's 2006 labels for other scales) is as follows:

- Raw score 0—High food security
- Raw score 1—Marginal food security
- Raw score 2-5—Low food security
- Raw score 6-9—Very low food security

For some reporting purposes, the food security status of youth with raw score 0-1 is described as food secure and the two categories "low food security" and "very low food security" in combination are referred to as food insecure.

For statistical procedures that require an interval-level measure, the following scale scores, based on the Rasch measurement model may be used: Number
---

Number of affirmatives	Scale Score
0	NA
1	-0.1
2	1.9
3	3.4
4	4.7
5	5.9
6	7.2
7	8.7
8	10.8
9 (evaluated at 8.5)	12.5

However, no interval-level score is defined for youth who affirm no items. (They are food secure, but the extent to which their food security differs from those who affirm one item is not known.)

## **Youth Risk Behavior Surveillance 2011: Physical Activity Questions for Middle School**

**What is the behavior being measured?** The Youth Risk Behavior Surveillance Survey (YRBSS) is produced by CDC and measures participation in physical activity, physical education classes, and sports teams and time spent watching television (TV) and using a computer or playing video games.

The survey is typically used for high school students but can be used for middle school students as well. Please refer to the Surveys for High School Students section of the compendium for more information, references, and the survey tool

**Who is the target audience?** The Youth Risk Behavior Surveillance Survey is appropriate for youth in grades 6-8 and/or ages 10-14.

# Physical Activity Preference Survey

**What is the behavior/issue being measured?** The survey measures physical activity preferences in an effort to increase physical activity.

**Physical activity preferences** are how much individuals like specific physical and sedentary activities.

Research has demonstrated that physical activity preferences are moderately correlated to physical activity frequency.<sup>1</sup> The Physical Activity Preferences Survey was adapted from an instrument developed by Sherwood, et al. (2003) originally aimed at African American girls ages 8-10.





The list of activities may be modified to include those targeted by a particular intervention. SNAP-Ed recommends listing several activities to identify those that the target audience does not like or is unfamiliar with. The activities that are unfamiliar or disliked can then be used as targets for an intervention.

**Who is the target audience?** Originally developed for a study of 8-10 year old African American girls, this survey can be used with children and teens 8 years and older.

## References

1. Sherwood N, Story M, Neumark-Sztainer D, Adkins S, Davis M. Development and implementation of a visual card sorting technique for assessing food and activity preferences and patterns in African American girls. J of the American Dietetic Association 2003; 103: 1473-1479.

# Physical Activity Preference Survey (Sherwood, et al.)

How much do you like these physical activities? Please check <input checked="" type="checkbox"/> your answer	I like this a lot 	I like this a little 	I do not like this 	I don't know what this is 
Water play (swimming pool, lake)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arts and crafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer games, video games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bicycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Games such as chase, tag, hopscotch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listen to music, play an instrument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jump rope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skateboarding, skating, rollerblading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb on playground equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watch T.V., videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play board games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor play, climb trees, hide & seek	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swim laps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk on the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indoor chores: mopping, sweeping, vacuuming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor chores: mowing, raking, gardening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise like push-ups, sit-ups and jumping jacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baseball/ softball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight lifting, strength training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Racket sports: badminton, tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yoga	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hiking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Martial arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gymnastics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homework, reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volleyball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there other physical activities that you really like?

☐ Yes → what kind? \_\_\_\_\_



## Youth and High School Demographics

Demographics are characteristics of a population. Characteristics such as race, ethnicity, gender, age, grade, income, and education level are all typical examples of demographics that are used in surveys. If the sample size is sufficient, the collection of demographic data allows for survey responses to be categorized into meaningful groups and compared.

SNAP-Ed contractors participating in Impact Outcome Evaluation (IOE) and working with a youth (elementary or middle) or high school population are required to collect demographic data. If you are using the Youth Nutrition and Physical Activity Survey or the High School Nutrition and Physical Activity Survey, the demographic questions are already present at the beginning of the instrument. Depending on the age of the population being surveyed, some programs may not feel comfortable with the validity of race/ethnic data collected from youth. If this is the case, you may decide to collect race/ethnicity data from school records or use teacher-reported data. Because it is parent-reported, if school records can be obtained, that is typically the best option. Below is an example of a spreadsheet NEOP Research & Evaluation can provide to assist you in collecting race-ethnic data from youth.

[illegible]

## Chapter 3 Surveys for High School Students

The tools in this chapter have been compiled for the evaluation of interventions with adolescents in grades nine to twelve. This chapter includes fruit and vegetable consumption and related factors, such as psychosocial and environmental factors, beverage consumption, and physical activity and related factors. In addition to the tools in this section, you may also find the *High School Nutrition and Physical Activity Survey* for high school age adolescents in Chapter 1 Required Surveys for Impact Outcome Evaluations.

All included surveys are available in English; where noted, Spanish versions or combined English-Spanish versions are also available.

# **School Physical Activity and Nutrition Survey (SPAN)**

## **11<sup>th</sup> Grade**

**What is the behavior/issue being measured?** The overall goal of SPAN is to establish a surveillance system to monitor the prevalence of overweight/obesity in school-aged children in Texas. In addition, SPAN identifies factors in Texas students that may underlie obesity, including dietary behaviors, nutrition knowledge and attitudes, and physical activity.

**SPAN** is the School Physical Activity and Nutrition Project. It is conducted through the University of Texas Health Science Center, School of Public Health. These instruments are the foundation of the Network Youth Survey, but the actual SPAN surveys are slightly different.

SPAN data collection consisted of (1) administration of a questionnaire which assesses food choice behaviors, food selection skills, weight perceptions and practices, nutrition knowledge, attitudes about food and eating, and physical activity behaviors; and (2) height and weight measurements.

The SPAN survey has been validated; see description of the *Youth Nutrition and Physical Activity Survey* for more information. The survey was updated in 2009 and is available in Spanish and English. There is an administration protocol for the original SPAN surveys, though this should not be used for the *Youth Nutrition and Physical Activity Survey*.

**Who is the target audience?** The 8<sup>th</sup> Grade and 11<sup>th</sup> Grade Survey is the same instrument and it is appropriate for both grades.

Find [protocol](#) under the website for the University of Texas School of Public Health, School Physical Activity and Nutrition Survey (SPAN).

### **References**

Hoelscher DM, Day RS, Kelder SH, Ward JL. Reproducibility and validity of the secondary level School-Based Nutrition Monitoring student questionnaire. J Am Diet Assoc. 2003;103:186-194.

**Double click on SPAN Student Assent to open 11<sup>th</sup> grade English instrument**

School Physical Activity and Nutrition  
(SPAN) Project  
**Student Assent**

YOUR NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

GRADE: \_\_\_\_\_

YOUR TEACHER'S NAME: \_\_\_\_\_

- In this study you are being asked to answer questions about your food choices and physical activity (exercise). No one at school or at home will see your answers.
- An adult will weigh you, measure your height, and write the results on the last page of the survey.
- Taking part in this project is up to you. Your choice about taking part will not affect your grades in school or your ability to take part in any school activities.
- If you do not want to answer a question, you can skip it.
- You may stop taking part in this project at any time.
- After you complete the survey and are measured for height and weight, this page with your name on it (Student Assent) will be removed. Your name will never be used after that.
- By signing below, you agree to take part in this project.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

00001

**Double click on SPAN Student Assent to open 11<sup>th</sup> grade Spanish instrument**

Proyecto para la revista de nutrición  
y de actividades físicas en escuelas (SPAN)  
**Consentimiento del estudiante**

TU NOMBRE: \_\_\_\_\_

ESCUELA: \_\_\_\_\_

GRADO: \_\_\_\_\_

NOMBRE DE TU MAESTRO(A) \_\_\_\_\_

- En este estudio, se te pedirá que contestes preguntas acerca de tus elecciones de alimentos y las actividades físicas (los ejercicios) que practicas. Ninguna persona en la escuela o en casa verá tus respuestas.
- Un adulto te medirá la estatura y el peso y escribirá los datos en la última hoja de la encuesta.
- Participar en este estudio es únicamente decisión tuya. Tu decisión no afectará a tus calificaciones ni a tu capacidad para tomar parte en cualquier actividad escolar.
- Si no quieres contestar una pregunta, te puedes saltarla.
- En cualquier momento puedes dejar de participar en este proyecto.
- Después que completes la encuesta y se te midan la estatura y el peso, se quitará esta hoja (Consentimiento del estudiante), en la que aparece tu nombre. A partir de ese momento, nunca se usará tu nombre.
- Al firmar abajo, consientes en participar en este proyecto.

\_\_\_\_\_  
Firma del (la) estudiante

\_\_\_\_\_  
Fecha

00001

Double click on SPAN Student Assent to open 11<sup>th</sup> grade English instrument

School Physical Activity and Nutrition  
(SPAN) Project  
Student Assent

YOUR NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

GRADE: \_\_\_\_\_

YOUR TEACHER'S NAME: \_\_\_\_\_

- In this study you are being asked to answer questions about your food choices and physical activity (exercise). No one at school or at home will see your answers.
- An adult will weigh you, measure your height, and write the results on the last page of the survey.
- Taking part in this project is up to you. Your choice about taking part will not affect your grades in school or your ability to take part in any school activities.
- If you do not want to answer a question, you can skip it.
- You may stop taking part in this project at any time.
- After you complete the survey and are measured for height and weight, this page with your name on it (Student Assent) will be removed. Your name will never be used after that.
- By signing below, you agree to take part in this project.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

00001

Double click on SPAN Student Assent to open 11<sup>th</sup> grade Spanish instrument

Proyecto para la revista de nutrición  
y de actividades físicas en escuelas (SPAN)  
**Consentimiento del estudiante**

TU NOMBRE: \_\_\_\_\_

ESCUELA: \_\_\_\_\_

GRADO: \_\_\_\_\_

NOMBRE DE TU MAESTRO(A) \_\_\_\_\_

- En este estudio, se te pedirá que contestes preguntas acerca de tus elecciones de alimentos y las actividades físicas (los ejercicios) que practicas. Ninguna persona en la escuela o en casa verá tus respuestas.
- Un adulto te medirá la estatura y el peso y escribirá los datos en la última hoja de la encuesta.
- Participar en este estudio es únicamente decisión tuya. Tu decisión no afectará a tus calificaciones ni a tu capacidad para tomar parte en cualquier actividad escolar.
- Si no quieres contestar una pregunta, te puedes saltarla.
- En cualquier momento puedes dejar de participar en este proyecto.
- Después que completes la encuesta y se te midan la estatura y el peso, se quitará esta hoja (Consentimiento del estudiante), en la que aparece tu nombre. A partir de ese momento, nunca se usará tu nombre.
- Al firmar abajo, consientes en participar en este proyecto.

\_\_\_\_\_  
Firma del (la) estudiante

\_\_\_\_\_  
Fecha

00001

# Youth Risk Behavior Survey (YRBS)

**What is the behavior/issue being measured?** The Youth Risk Behavior Surveillance Survey is a national high school-based self-administered survey that measures, among other things, the risk of unhealthy dietary behaviors (inadequate fruit and vegetable consumption and excess soda intake), inadequate physical activity, excess sedentary behavior, the prevalence of obesity, and inappropriate weight control behaviors.

**Food Consumption** refers to specific amounts of foods and beverages that respondents actually report eating.

Food consumption can be reported in terms of times per day, week, or month; cups per day; or other time intervals. This survey asks respondents to report the times per week that fruits and vegetables have been eaten and soda has been drunk.

The 7 food consumption questions are from the 2011 YRBS. The questions on this survey have a fifth grade reading level. They can be used to evaluate whether an intervention produced a change in fruit, vegetable, juice, and soda consumption among high-school aged teens. The first 6 questions pertaining to fruit and vegetables are also housed on the *High School Nutrition and Physical Activity Survey*.

For fruit and vegetable outcomes on the YRBS, a sample size of 50 is needed to detect a change of 3/4 times per day from pre to post. A sample size of 100 will detect a change of 1/2 times per day from pre to post.

**Who is the target audience?** The Youth Risk Surveillance Survey is designed for high-school aged teens.

## References

Centers for Disease Control and Prevention. Methodology of the Youth Risk Behavior Surveillance System. MMWR 2004; 53(No. RR-12):[inclusive page numbers].

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health. Youth Risk Behavior Surveillance System (YRBSS). [http://www.cdc.gov/healthyyouth/yrbs/questionnaire\\_rationale.htm](http://www.cdc.gov/healthyyouth/yrbs/questionnaire_rationale.htm). Accessed July 15, 2011.



## **Fruit and Vegetable and Soda Survey Questions**

### **Youth Risk Behavior Survey (YRBS)**

The next 7 questions ask about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

72. During the past 7 days, how many times did you drink 100% fruit juices such as orange juice, apple juice, or grape juice? (Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)

- A. I did not drink 100% fruit juice during the past 7 days
- B. 1 to 3 times during the past 7 days
- C. 4 to 6 times during the past 7 days
- D. 1 time per day
- E. 2 times per day
- F. 3 times per day
- G. 4 or more times per day

73. During the past 7 days, how many times did you eat fruit? (Do not count fruit juice.)

- A. I did not eat fruit during the past 7 days
- B. 1 to 3 times during the past 7 days
- C. 4 to 6 times during the past 7 days
- D. 1 time per day
- E. 2 times per day
- F. 3 times per day
- G. 4 or more times per day

74. During the past 7 days, how many times did you eat green salad?

- A. I did not eat green salad during the past 7 days
- B. 1 to 3 times during the past 7 days
- C. 4 to 6 times during the past 7 days
- D. 1 time per day
- E. 2 times per day
- F. 3 times per day
- G. 4 or more times per day

75. During the past 7 days, how many times did you eat potatoes? (Do not count french fries, fried potatoes, or potato chips.)

- A. I did not eat potatoes during the past 7 days
- B. 1 to 3 times during the past 7 days
- C. 4 to 6 times during the past 7 days
- D. 1 time per day
- E. 2 times per day
- F. 3 times per day
- G. 4 or more times per day

76. During the past 7 days, how many times did you eat carrots?
- A. I did not eat carrots during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day
77. During the past 7 days, how many times did you eat other vegetables? (Do not count green salad, potatoes, or carrots.)
- A. I did not eat other vegetables during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day
78. During the past 7 days, how many times did you drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? (Do not count diet soda or diet pop.)
- A. I did not drink soda or pop during the past 7 days
  - B. 1 to 3 times during the past 7 days
  - C. 4 to 6 times during the past 7 days
  - D. 1 time per day
  - E. 2 times per day
  - F. 3 times per day
  - G. 4 or more times per day

# **Beverage Checklist**

## **National Youth Physical Activity and Nutrition Study (NYPANS)**

**What is the behavior/issue being measured?** The National Youth Physical Activity and Nutrition Study is a one-time study of students in grades 9-12 throughout the United States that was conducted in 2010 by the Centers for Disease Control and Prevention. The three main purposes of the study were to provide nationally representative data on behaviors and behavioral determinants related to nutrition and physical activity among high school students, to provide data to help improve the clarity and strengthen the validity of questions on the Youth Risk Behavior Survey (YRBS), and to understand the associations among behaviors and behavioral determinants related to physical activity and nutrition and their association with body mass index.

The study included three measures:

1. A paper-and-pencil questionnaire self-administered to a nationally representative sample of students attending public and private schools in grades 9–12
2. Standardized protocol to measure height and weight in students completing the questionnaire
3. Telephone interviews to measure 24-hour dietary recalls among a subsample of students

**Food Consumption** refers to specific amounts of foods and beverages that respondents actually report eating. It can be reported in terms of times per day, week, or month; cups per day; or other time intervals. This survey asks respondents to report the times per week that specific beverages have been consumed.

The Beverage Checklist is a module that was excerpted from the paper and pencil questionnaire measure of the 2010 NYPANS. This checklist measures self-reported intake of nine different categories of beverages, including water, milk, coffee/tea, and sugar-sweetened beverages, during the previous week.

**Who is the target audience?** The survey is appropriate for use with high school students in grades 9-12 and adults.

### **References**

Park S, Blanck HM, Sherry B, Brenner M, O'Toole T. Factors Associated with Sugar-Sweetened Beverage Intake among United States High School Students. J. Nutr. 142: 306–312, 2012. <http://www.ncbi.nlm.nih.gov/pubmed/22223568>

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health. The National Youth Physical Activity and Nutrition Study. <http://www.cdc.gov/healthyyouth/yrbs/nypans.htm>

Accessed June 7, 2012

### **Beverage Checklist**

#### **National Youth Physical Activity and Nutrition Study (NYPANS)**

During the past 7 days, how many times did you drink **100% fruit juices** such as orange juice, apple juice, or grape juice? (Do **not** count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)

- ☐ I did not drink 100% fruit juice during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day

During the past 7 days, how many times did you drink a can, bottle, or glass of **soda or pop**, such as Coke, Pepsi, or Sprite? (Do **not** count diet soda or diet pop.)

- ☐ I did not drink soda or pop during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day

During the past 7 days, how many times did you drink a can, bottle, or glass of **diet soda or pop**, such as Diet Coke, Diet Pepsi, or Sprite Zero?

- ☐ I did not drink **diet** soda or pop during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day

During the past 7 days, how many times did you drink a can, bottle, or glass of a **sports drink** such as Gatorade or PowerAde? (Do **not** count low-calorie sports drinks such as Propel or G2.)

- ☐ I did not drink sports drinks during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day

During the past 7 days, how many times did you drink a can, bottle, or glass of an **energy** drink, such as Red Bull or Jolt? (Do **not** count diet energy drinks or sports drinks such as Gatorade or PowerAde).

- ☐ I did not drink energy drinks during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day

During the past 7 days, how many times did you drink a cup, can, or bottle of **coffee, coffee drinks, or any kind of tea**?

- ☐ I did not drink coffee, coffee drinks, or tea during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day

During the past 7 days, how many times did you drink a can, bottle, or glass of a **sugar-sweetened beverage** such as lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny Delight? (Do **not** count soda or pop, sports drinks, energy drinks, or 100% fruit juice.)

- ☐ I did not drink sugar-sweetened beverages during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day

During the past 7 days, how many times did you drink a bottle or glass of plain **water**? Count tap, bottled, and unflavored sparkling water.

- ☐ I did not drink water during the past 7 days
- ☐ 1 to 3 times during the past 7 days
- ☐ 4 to 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 times per day
- ☐ 4 or more times per day

During the past 7 days, how many **glasses of milk** did you drink? (Count the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)

- ☐ I did not drink milk during the past 7 days
- ☐ 1 to 3 glasses during the past 7 days
- ☐ 4 to 6 glasses during the past 7 days
- ☐ 1 glass per day
- ☐ 2 glasses per day
- ☐ 3 glasses per day
- ☐ 4 or more glasses per day

## **Beverage and Snack Questionnaire**

**What is the behavior issue being measured?** The 19-item questionnaire is used to assess frequency of consumption of beverages plus consumption of salty and sweet snacks such as cookies and candy.

**Food Consumption** refers to specific amounts of foods and beverages that respondents actually report eating. It can be reported in terms of times per day, week, or month; cups per day; or other time intervals.

The Beverage and Snack Questionnaire (BSQ) is a 19-item questionnaire used to assess frequency of consumption of beverages such as soft drinks, energy drinks, juice, fruit drinks and milk plus consumption of salty and sweet snacks such as cookies and candy.

For additional information and references, please refer to Chapter 2, Children's Surveys, Section 2.9.

**Who is the targeted audience?** The survey was developed and validated for children 10-18 years of age.

## Knowledge Surveys

**What is the issue/behavior being measured?** There are two knowledge surveys in this Compendium with questions addressing nutrition, health, and the health benefits of making healthy food choices.

**Knowledge** is a measure of how much intervention participations know and how much they learn from an intervention. Knowledge is a factor that is sometimes related to behavior change but is not sufficient by itself.

Knowledge surveys should be selected for questions that target the information presented by an intervention and may be adapted by programs if appropriate. There are two knowledge surveys in this Compendium with questions addressing nutrition, health, and the health benefits of making healthy food choices.

For more information on these surveys, please refer to Chapter 2, Children's Surveys, [Section 2.5](#) Knowledge Surveys.



# **Physical Activity Survey Youth Risk Behavior Surveillance Survey (YRBSS)**

**What is the behavior/issue being measured?** The Physical Activity Survey measures the amount of physical activity of high school age students.

The Physical Activity Survey was excerpted from the 2011 Youth Risk Behavior Surveillance Survey (YRBSS) which is conducted biennially in high schools throughout the United States by the Centers for Disease Control and Prevention. The YRBSS monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults.

**Who is the targeted audience?** The Physical Activity Survey is appropriate for use with high school students in grades 9-12. An abbreviated 5-item version is available for middle school students in grades 6-8, omitting question 2 about muscle-strengthening exercise.

## **References**

Centers for Disease Control and Prevention. Methodology of the Youth Risk Behavior Surveillance System. MMWR 2004; 53(No. RR-12):[inclusive page numbers].

Centers for Disease Control and Prevention. Youth Risk Behavior Survey (YRBS) Standard 2011 High School Questionnaire Item Rationale.

[http://www.cdc.gov/healthyyouth/yrbs/pdf/questionnaire/2011\\_standard\\_itemrationale.pdf](http://www.cdc.gov/healthyyouth/yrbs/pdf/questionnaire/2011_standard_itemrationale.pdf)

Accessed May 23, 2012.

## Physical Activity Survey – 2011 Youth Risk Behavior Surveillance System (YRBSS)

1. During the past 7 days, on how many days were you physically active for a total of **at least 60 minutes per day**? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days
- G. 6 days
- H. 7 days

2. On how many of the past 7 days did you do exercises to **strengthen or tone your muscles**, such as push-ups, sit-ups, or weight lifting? (*Omit this question for teens in grades 6-8.*)

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days
- G. 6 days
- H. 7 days

3. On an average school day, how many hours do you watch TV?

- A. I do not watch TV on an average school day
- B. Less than 1 hour per day
- C. 1 hour per day
- D. 2 hours per day
- E. 3 hours per day
- F. 4 hours per day
- G. 5 or more hours per day

4. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Include activities such as Xbox, PlayStation, Nintendo DS, iPod touch, Facebook, and the Internet.)

- A. I do not play video or computer games or use a computer for something that is not school work
- B. Less than 1 hour per day
- C. 1 hour per day
- D. 2 hours per day
- E. 3 hours per day
- F. 4 hours per day

G. 5 or more hours per day

5. In an average week when you are in school, on how many days do you go to physical education (PE) classes?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days

6. During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups.)

- A. 0 teams
- B. 1 team
- C. 2 teams
- D. 3 or more teams

# **Physical Activity Factors**

## **National Youth Physical Activity and Nutrition Study (NYPANS)**

**What is the behavior/issue being measured?** This study contains three scales measuring psychosocial factors associated with physical activity among high school students: positive attitude towards physical activity (5 items), adult support (4 items), and environmental support (3 items).

**Positive attitude towards physical activity** measures the extent to which respondents have positive feelings about physical activity.

**Adult support** measures ways in which adult household members provide various types of support, including psychosocial support, for adolescent participation in physical activity.

**Environmental support** measures access to equipment and safe places to physically active.

Three scales measuring factors that may contribute to physical activity have been excerpted from The National Youth Physical Activity and Nutrition Study (NYPANS), a study of students in high schools throughout the United States conducted by the Centers for Disease Control and Prevention in 2010.

In an unpublished validation study presented at the 85<sup>th</sup> Annual ASHA School Health Conference, Lowry and Lee identified positive associations between attitude and adult support with physical activity and sports participation and negative associations between attitude and adult support with sedentary behavior. Environmental support measures received more mixed results and interacted with attitude and adult support measures, but nonetheless appear to be important factors. For example, neighborhood safety influenced whether positive attitude towards physical activity was associated with physical activity and sedentary behavior.

**Who is the targeted audience?** These scales are appropriate for use with high school students in grades 9-12.

### **References**

1. Lowry, R. & Lee, S. (2011). Associations of Physical Activity and Sedentary Behaviors with Obesity and Determinants of Physical Activity among US High School Students – NYPANS, 2010. Unpublished data.

## Physical Activity Factors for High School Students

**How much do you agree or disagree with each statement?**

***(Mark one answer for each statement.)***

When I am physically active...	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. I enjoy it.	A	B	C	D	E
2. I find it fun.	A	B	C	D	E
3. it gives me energy.	A	B	C	D	E
4. my body feels good.	A	B	C	D	E
5. it gives me a strong feeling of success.	A	B	C	D	E

**How much do you agree or disagree with each statement?**

***(Mark one answer for each statement.)***

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
6. At home there are enough pieces of sports equipment (such as balls, bicycles, skates) to use for physical activity.	A	B	C	D	E
7. There are playgrounds, parks, or gyms close to my home that are easy for me to get to.	A	B	C	D	E
8. It is safe to be physically active by myself in my neighborhood.	A	B	C	D	E

**The next 4 questions ask about the adults you live with.**

***(Mark one answer for each statement.)***

During a typical week, how often does an adult in your household...	Never	1-2 times/ week	3-4 times/ week	5-6 times/ week	Daily
9. encourage you to do physical activities or play sports?	A	B	C	D	E
10. do a physical activity or play sports with you?	A	B	C	D	E
11. provide transportation to a place where you can do physical activities or play sports?	A	B	C	D	E
12. watch you participate in physical activities or sports?	A	B	C	D	E



## **Physical Activity Preferences**

Research has demonstrated that physical activity preferences are moderately correlated to physical activity frequency.<sup>1</sup> A Physical Activity Preferences Survey was adapted from an instrument developed by Sherwood, et al. (2003) originally aimed at African American girls ages 8-10 and can be used with teen boys and girls. For additional information about this survey, please refer to [Chapter 2, Children's Surveys, section 12 Physical Activity Preferences Survey.](#)

## Youth and High School Demographics

Demographics are characteristics of a population. Characteristics such as race, ethnicity, gender, age, grade, income, and education level are all typical examples of demographics that are used in surveys. If the sample size is sufficient, the collection of demographic data allows for survey responses to be categorized into meaningful groups and compared.

SNAP-Ed contractors participating in Impact Outcome Evaluation (IOE) and working with a youth (elementary or middle) or high school population are required to collect demographic data. If you are using the Youth Nutrition and Physical Activity Survey or the High School Nutrition and Physical Activity Survey, the demographic questions are already present at the beginning of the instrument. Depending on the age of the population being surveyed, some programs may not feel comfortable with the validity of race/ethnic data collected from youth. If this is the case, you may decide to collect race/ethnicity data from school records or use teacher-reported data. Because it is parent-reported, if school records can be obtained, that is typically the best option. Below is an example of a spreadsheet NEOP Research & Evaluation can provide to assist you in collecting race-ethnic data from youth.

[illegible]



## **Chapter 4 Adult Surveys**

The tools in this chapter have been compiled for the evaluation of interventions with adults. This chapter includes fruit and vegetable consumption and related factors, such as psychosocial and environmental factors, beverage consumption, and physical activity and related factors. In addition to the tools in this section, you may also find the Food Behavior Checklist and the Fruit and Vegetable Checklist for adults in Chapter 1 Required Surveys for Impact Outcome Evaluations.

All included surveys are available in English; where noted, Spanish versions or combined English-Spanish versions are also available.

## Measures of Fruit and Vegetable Consumption for Adults

**What is the behavior being measured?** The surveys measure fruit and vegetable usual consumption food frequency measures.

**Fruit and vegetable usual consumption** refers to specific amounts of fruits, vegetables, and 100% pure juice that respondents actually report typically eating. It can be reported in terms of times a day/week or month in cups/day or times/day intervals.

This section includes three nationally developed measures of fruit and vegetable consumption for adult populations. They are the National Cancer Institute (NCI) “by meal” screener and NCI “All-Day” screener. The final survey is the Behavioral Risk Factor Surveillance System (BRFSS) fruit and vegetable module.

The NCI “all day” screener measures frequency and portion size of nine fruit and vegetable categories. It was validated by Thompson, et al. (2002) by comparing the amount of fruit and vegetable intake on the All-Day screener to four 24-hour dietary recalls administered via telephone over a one year period. The surveys were completed by 202 men and 260 women aged 20 to 70 years. The median daily servings reported in the 24-hour recalls were 5.8 for men and 4.2 for women compared to 5.0 for both genders on the All-Day screener. The estimated correlations between the All-Day screener and 24-hour recalls were 0.66 for men and 0.51 for women.

The “By-Meal” screener measures the consumption of fruit and vegetables other than potatoes, salad, and beans, by time of day. Thompson, et al.’s validation study (2002) found that the median daily servings reported in the By-Meal screener was 5.5 (men) and 5.4 (women) as compared to 5.8 (men) and 4.2 (women) in the 24-hour recalls. Correlations between the By-Meal screener and 24-hour recalls were 0.67 for men and 0.53 for women.

The telephone-administered Behavioral Risk Factor Surveillance Survey (BRFSS) tracks major health risks among Americans. Serdula and colleagues (1993) assessed the validity of the original BRFSS fruit and vegetable module among five populations with diverse characteristics. Spearman correlation coefficients between the BRFSS items and other food frequency questionnaires ranged from 0.47 to 0.57 in four sites. Correlation coefficients for the BRFSS items and diet records were 0.54 and 0.29 in two sites and 0.46 with 24-hour recalls. Overall, the moderate correlations between the BRFSS items and most of these criterion measures suggested it as a suitable measure of fruit and vegetable intake. Within the last two years, the a CDC working group has suggested modifications to the module to add clarity and better target the key forms of fruit and vegetables promoted by the U.S. Dietary Guidelines. The new module is presented below.

The “Cups of Fruits and Vegetables” module of the Food Attitude and Behaviors (FAB) Survey is a simple two-item measure of fruit and vegetable consumption. Its strength is the accompanying box containing eight diverse examples of one-cup equivalent servings of fruit and eight of vegetables. The entire FAB Survey contains 65 questions in 8 sections. FAB measures attitudes and beliefs, general health, shopping, fruit and vegetable consumption, eating behaviors, physical activity, sedentary behaviors, and food preferences. Conventional constructs include self-efficacy, barriers, social support, and knowledge of recommendations related to fruit and vegetable intake. Novel constructs include shopping patterns, taste preferences, views on vegetarianism, intrinsic/extrinsic motivation, and environmental influences. The FAB Survey was developed by staff at NCI with the goal of evaluating a variety of factors that may be related to fruit and vegetable intake among adults.

The surveys, which have been validated, should not be modified. They should be used to show that the intervention produced a change in fruit and vegetable intake.

**Who is the target audience?** These surveys are appropriate for adults aged 20-70 years.

## References

1. National Cancer Institute. 2002. Fruit and Vegetable screeners. [Online] Available: <http://riskfactor.cancer.gov/diet/screeners/fruitveg/instrument.html>.
2. Thompson, FE, Subar AF, et al. Fruit and vegetable assessment: performance of 2 new short instruments and a food frequency questionnaire. J Am Diet Assoc 2002; 102(12): 1764-72.
3. Centers for Disease Control and Prevention. 2002. Behavior Risk Factor Surveillance System Core Section 4: Fruits and Vegetables. [Online] Available: <http://www.cdc.gov/brfss/questionnaires/pdf-ques/2002brfss.pdf>.
4. Serdula M, Coates R, Byers T, et al. Evaluation of a brief telephone questionnaire to estimate fruit and vegetable consumption in diverse study populations. Epidemiology 1993; 4:455-463.
5. National Cancer Institute. Health Behaviors Research Branch. Food Attitudes and Behaviors Survey, 2009. <http://cancercontrol.cancer.gov/brp/fab/index.html>

# NCI All Day Screener (Thompson, et al.)

## INSTRUCTIONS

- Think about what you usually ate last month.
- Please think about all the fruits and vegetables that you ate last month. Include those that were:
  - raw and cooked,
  - eaten as snacks and at meals,
  - eaten at home and away from home (restaurants, friends, take-out), and
  - eaten alone and mixed with other foods.
- Report how many times per month, week, or day you ate each food, and if you ate it, how much you usually had.
- If you mark "Never" for a question, follow the "Go to" instruction.
- Choose the best answer for each question. Mark only one response for each question.

1. Over the last month, how many times per month, week, or day did you drink **100% juice** such as orange, apple, grape, or grapefruit juice? **Do not count** fruit drinks like Kool-Aid, lemonade, Hi-C, cranberry juice drink, Tang, and Twister. Include juice you drank at all mealtimes and between meals.

☐ Never  
(Go to  
Question 2)
 ☐ 1-3  
times  
last month
 ☐ 1-2  
times  
per week
 ☐ 3-4  
times  
per week
 ☐ 5-6  
times  
per week
 ☐ 1  
time  
per day
 ☐ 2  
times  
per day
 ☐ 3  
times  
per day
 ☐ 4  
times  
per day
 ☐ 5 or more  
times  
per day

- 1a. Each time you drank **100% juice**, how much did you usually drink?

☐ Less than ¼ cup  
(less than 6 ounces)
 ☐ ¾ to 1¼ cup  
(6 to 10 ounces)
 ☐ 1¼ to 2 cups  
(10 to 16 ounces)
 ☐ More than 2 cups  
(more than 16 ounces)

2. Over the last month, how many times per month, week, or day did you eat **fruit**? Count any kind of fruit—fresh, canned, and frozen. **Do not count** juices. Include fruit you ate at all mealtimes and for snacks.

☐ Never  
(Go to  
Question 3)
 ☐ 1-3  
times  
last month
 ☐ 1-2  
times  
per week
 ☐ 3-4  
times  
per week
 ☐ 5-6  
times  
per week
 ☐ 1  
time  
per day
 ☐ 2  
times  
per day
 ☐ 3  
times  
per day
 ☐ 4  
times  
per day
 ☐ 5 or more  
times  
per day

- 2a. Each time you ate **fruit**, how much did you usually eat?

☐ Less than 1 medium fruit
 ☐ 1 medium fruit
 ☐ 2 medium fruits
 ☐ More than 2 medium fruits

OR

☐ Less than ½ cup
 ☐ About ½ cup
 ☐ About 1 cup
 ☐ More than 1 cup

3. Over the last month, how often did you eat **lettuce salad (with or without other vegetables)**?

☐ Never  
 (Go to Question 4)  
☐ 1-3 times last month  
☐ 1-2 times per week  
☐ 3-4 times per week  
☐ 5-6 times per week  
☐ 1 time per day  
☐ 2 times per day  
☐ 3 times per day  
☐ 4 times per day  
☐ 5 or more times per day

3a. Each time you ate **lettuce salad**, how much did you usually eat?

☐ About ½ cup  
☐ About 1 cup  
☐ About 2 cups  
☐ More than 2 cups

4. Over the last month, how often did you eat **French fries or fried potatoes**?

☐ Never  
 (Go to Question 5)  
☐ 1-3 times last month  
☐ 1-2 times per week  
☐ 3-4 times per week  
☐ 5-6 times per week  
☐ 1 time per day  
☐ 2 times per day  
☐ 3 times per day  
☐ 4 times per day  
☐ 5 or more times per day

4a. Each time you ate **French fries or fried potatoes**, how much did you usually eat?

☐ Small order or less  
 (About 1 cup or less)  
☐ Medium order  
 (About 1½ cups)  
☐ Large order  
 (About 2 cups)  
☐ Super Size order or more  
 (About 3 cups or more)

5. Over the last month, how often did you eat **other white potatoes**? Count **baked, boiled, and mashed potatoes, potato salad, and white potatoes that were not fried.**

☐ Never  
 (Go to Question 6)  
☐ 1-3 times last month  
☐ 1-2 times per week  
☐ 3-4 times per week  
☐ 5-6 times per week  
☐ 1 time per day  
☐ 2 times per day  
☐ 3 times per day  
☐ 4 times per day  
☐ 5 or more times per day

5a. Each time you ate **these potatoes**, how much did you usually eat?

☐ 1 small potato or less  
 (½ cup or less)  
☐ 1 medium potato  
 (½ to 1 cup)  
☐ 1 large potato  
 (1 to 1½ cups)  
☐ 2 medium potatoes or more  
 (1½ cups or more)

6. Over the last month, how often did you eat **cooked dried beans**? Count **baked beans, bean soup, refried beans, pork and beans and other bean dishes.**

☐ Never  
 (Go to Question 7)  
☐ 1-3 times last month  
☐ 1-2 times per week  
☐ 3-4 times per week  
☐ 5-6 times per week  
☐ 1 time per day  
☐ 2 times per day  
☐ 3 times per day  
☐ 4 times per day  
☐ 5 or more times per day

6a. Each time you ate **these beans**, how much did you usually eat?

☐ Less than ½ cup  
☐ ½ to 1 cup  
☐ 1 to 1½ cups  
☐ More than 1½ cups

7. Over the last month, how often did you eat **other vegetables**?

- DO NOT COUNT:**
- Lettuce salads
  - White potatoes
  - Cooked dried beans
  - Vegetables in mixtures, such as in sandwiches, omelets, casseroles, Mexican dishes, stews, stir-fry, soups, etc.
  - Rice

**COUNT:**

- All other vegetables—raw, cooked, canned, and frozen

☐ Never  
(Go to  
Question 8)

☐ 1-3  
times  
last month

☐ 1-2  
times  
per week

☐ 3-4  
times  
per week

☐ 5-6  
times  
per week

☐ 1  
time  
per day

☐ 2  
times  
per day

☐ 3  
times  
per day

☐ 4  
times  
per day

☐ 5 or more  
times  
per day

7a. Each of these times that you ate **other vegetables**, how much did you usually eat?

☐ Less than ½ cup

☐ ½ to 1 cup

☐ 1 to 2 cups

☐ More than 2 cups

8. Over the last month, how often did you eat **tomato sauce**? Include tomato sauce on pasta or macaroni, rice, pizza and other dishes.

☐ Never  
(Go to  
Question 9)

☐ 1-3  
times  
last month

☐ 1-2  
times  
per week

☐ 3-4  
times  
per week

☐ 5-6  
times  
per week

☐ 1  
time  
per day

☐ 2  
times  
per day

☐ 3  
times  
per day

☐ 4  
times  
per day

☐ 5 or more  
times  
per day

8a. Each time you ate **tomato sauce**, how much did you usually eat?

☐ About ¼ cup

☐ About ½ cup

☐ About 1 cup

☐ More than 1 cup

9. Over the last month, how often did you eat **vegetable soups**? Include tomato soup, gazpacho, beef with vegetable soup, minestrone soup, and other soups made with vegetables.

☐ Never  
(Go to  
Question 10)

☐ 1-3  
times  
last month

☐ 1-2  
times  
per week

☐ 3-4  
times  
per week

☐ 5-6  
times  
per week

☐ 1  
time  
per day

☐ 2  
times  
per day

☐ 3  
times  
per day

☐ 4  
times  
per day

☐ 5 or more  
times  
per day

9a. Each time you ate **vegetable soup**, how much did you usually eat?

☐ Less than 1 cup

☐ 1 to 2 cups

☐ 2 to 3 cups

☐ More than 3 cups

10. Over the last month, how often did you eat **mixtures that included vegetables**? Count such foods as sandwiches, casseroles, stews, stir-fry, omelets, and tacos.

☐ Never

☐ 1-3  
times  
last month

☐ 1-2  
times  
per week

☐ 3-4  
times  
per week

☐ 5-6  
times  
per week

☐ 1  
time  
per day

☐ 2  
times  
per day

☐ 3  
times  
per day

☐ 4  
times  
per day

☐ 5 or more  
times  
per day

## NCI By Meal Screener (Thompson, et al.)

- Think about what you usually ate last month.
- Please think about all the fruits and vegetables that you ate last month. Include those that were:
  - raw and cooked,
  - eaten as snacks and at meals,
  - eaten at home and away from home (restaurants, friends, take-out), and
  - eaten alone and mixed with other foods
- Report how many times per month, week, or day you ate each food, and if you ate it, how much you usually had.
- If you mark "Never" for a question, follow the "Go to" instruction.
- Choose the best answer for each question. Mark only one response for each question.

1. Over the last month, how many times per month, week, or day did you drink **100% fruit juice** such as orange, apple, grape, or grapefruit juice? **Do not count** fruit drinks like Kool-Aid, lemonade, Hi-C, cranberry juice drink, Tang, and Twister. Include juice you drank at all mealtimes and between meals.

- |                            |                            |                            |                            |                            |                            |                            |                            |                            |                             |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> | 9 <input type="checkbox"/> | 10 <input type="checkbox"/> |
| <b>Never</b>               | <b>1-3 times</b>           | <b>1-2 times</b>           | <b>3-4 times</b>           | <b>5-6 times</b>           | <b>1 times</b>             | <b>2 times</b>             | <b>3 times</b>             | <b>4 times</b>             | <b>5 or more</b>            |
| <b>(Go to</b>              | <b>Last</b>                | <b>per week</b>            | <b>per week</b>            | <b>per week</b>            | <b>per day</b>             | <b>per day</b>             | <b>per day</b>             | <b>per day</b>             | <b>times</b>                |
| <b>question</b>            | <b>month</b>               |                            |                            |                            |                            |                            |                            |                            | <b>per day</b>              |
| <b>2)</b>                  |                            |                            |                            |                            |                            |                            |                            |                            |                             |

- 1a. Each time you drank **100% juice**, how much did you usually drink?

- |   |  |  |                              |
|---|--|--|------------------------------|
| 1 <input type="checkbox"/>                    | 2 <input type="checkbox"/>                                       | 3 <input type="checkbox"/>                 | 4 <input type="checkbox"/>   |
| <b>Less than <math>\frac{3}{4}</math> cup</b> | <b><math>\frac{3}{4}</math> to <math>1\frac{1}{4}</math> cup</b> | <b><math>1\frac{1}{4}</math> to 2 cups</b> | <b>More than 2 cups</b>      |
| <b>(less than 6 ounces)</b>                   | <b>(6 to 10 ounces)</b>  | <b>(10 to 16 ounces)</b>                   | <b>(more than 16 ounces)</b> |

2. Over the last month, how often did you eat **lettuce salad (with or without other vegetables)**?

- |                            |                                     |                               |                               |                               |                            |                            |                            |                            |  |
|----------------------------|-------------------------------------|-------------------------------|-------------------------------|-------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/>          | 3 <input type="checkbox"/>    | 4 <input type="checkbox"/>    | 5 <input type="checkbox"/>    | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> | 9 <input type="checkbox"/> | 10 <input type="checkbox"/>            |
| <b>Never</b>               | <b>1-3 times<br/>last<br/>month</b> | <b>1-2 times<br/>per week</b> | <b>3-4 times<br/>per week</b> | <b>5-6 times<br/>per week</b> | <b>1 times<br/>per day</b> | <b>2 times<br/>per day</b> | <b>3 times<br/>per day</b> | <b>4 times<br/>per day</b> | <b>5 or more<br/>times<br/>per day</b> |

2a. Each time you ate lettuce salad, how much did you usually eat?

- |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| <b>About ½ cup</b>         | <b>About 1 cup</b>         | <b>About 2 cups</b>        | <b>More than 2 cups</b>    |

3. Over the last month, how often did you eat **French fries or fried potatoes**?

- |                            |                                 |                               |                               |                               |                            |                            |                            |                            |  |
|----------------------------|---------------------------------|-------------------------------|-------------------------------|-------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/>      | 3 <input type="checkbox"/>    | 4 <input type="checkbox"/>    | 5 <input type="checkbox"/>    | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> | 9 <input type="checkbox"/> | 10 <input type="checkbox"/>            |
| <b>Never</b>               | <b>1-3 times<br/>last month</b> | <b>1-2 times<br/>per week</b> | <b>3-4 times<br/>per week</b> | <b>5-6 times<br/>per week</b> | <b>1 times<br/>per day</b> | <b>2 times<br/>per day</b> | <b>3 times<br/>per day</b> | <b>4 times<br/>per day</b> | <b>5 or more<br/>times<br/>per day</b> |

3a. Each time you ate **French fries** or **fried potatoes**, how much did you usually eat?

- |  |  |   |  |
|--|--|---|--|
| 1 <input type="checkbox"/>                           | 2 <input type="checkbox"/>             | 3 <input type="checkbox"/>              | 4 <input type="checkbox"/>                                 |
| <b>Small order or less<br/>(About 1 cup or less)</b> | <b>Medium order<br/>(About 2 cups)</b> | <b>Large order<br/>(About 1 ½ cups)</b> | <b>Super Size order or more<br/>(About 3 cups or more)</b> |

4. Over the last month, how often did you eat **other white potatoes**? Count **baked, boiled, and mashed potatoes, potato salad, and white potatoes that were not fried**.

- |                            |                                 |                               |                               |                               |                            |                            |                            |                            |  |
|----------------------------|---------------------------------|-------------------------------|-------------------------------|-------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/>      | 3 <input type="checkbox"/>    | 4 <input type="checkbox"/>    | 5 <input type="checkbox"/>    | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> | 9 <input type="checkbox"/> | 10 <input type="checkbox"/>            |
| <b>Never</b>               | <b>1-3 times<br/>last month</b> | <b>1-2 times<br/>per week</b> | <b>3-4 times<br/>per week</b> | <b>5-6 times<br/>per week</b> | <b>1 times<br/>per day</b> | <b>2 times<br/>per day</b> | <b>3 times<br/>per day</b> | <b>4 times<br/>per day</b> | <b>5 or more<br/>times<br/>per day</b> |



4a. Each time you ate **these potatoes**, how much did you usually eat?

1 ☐  
1 small potato or less  
(½ cup or less)

2 ☐  
1 medium potato  
(½ to 1 cup)

3 ☐  
1 large potato  
(1 to 1½ cups)

4 ☐  
2 medium potatoes or more  
(1½ cups or more)

5. Over the last month, how often did you eat **cooked dried beans**? Count **baked beans, bean soup, refried beans, pork and beans** and **other bean dishes**.

1 ☐  
Never

2 ☐  
1-3 times  
last month

3 ☐  
1-2 times  
per week

4 ☐  
3-4 times  
per week

5 ☐  
5-6 times  
per week

6 ☐  
1 times  
per day

7 ☐  
2 times  
per day

8 ☐  
3 times  
per day

9 ☐  
4 times  
per day

10 ☐  
5 or more  
times  
per day

5a. Each time you ate **these beans**, how much did you usually eat?

1 ☐  
Less than ½ cup

2 ☐  
½ to 1 cup

3 ☐  
1 to 1½ cups

4 ☐  
More than 1½ cups

Now, divide your waking hours into three time periods:

- MORNING
- LUNCHTIME AND AFTERNOON
- SUPPERTIME AND EVENING

Please think about the foods you ate during each of those time periods over the last month.

MORNING

6. Think about all the foods you ate at your morning meal and snacks over the last month. On how many days did you eat **fruit** for your morning meal or morning snacks? Count any kind of fruit —fresh, canned, and frozen. **Do not count** juices.

1 ☐  
Never

2 ☐  
1-3 times  
last month

3 ☐  
1-2 times  
per week

4 ☐  
3-4 times  
per week

5 ☐  
5-6 times  
per week

6 ☐  
1 times  
per day

7 ☐  
2 times  
per day

8 ☐  
3 times  
per day

9 ☐  
4 times  
per day

10 ☐  
5 or more  
times  
per day

6a. When you ate **fruit** in the morning, what is the **total** amount of **fruit** that you usually ate in a morning?

1 ☐  
Less than 1 medium fruit

2 ☐  
1 medium fruit

3 ☐  
2 medium fruits

4 ☐  
More than 2 medium fruits

- OR -

1 ☐  
Less than ½ cup

2 ☐  
About ½ cup

3 ☐  
About 1 cup

4 ☐  
More than 1 cup

7. Think about all the foods you ate at your morning meal and morning snacks. On how many days did you eat **vegetables** for your morning meal or morning snacks?

**DO NOT COUNT:**

- Lettuce salads
- White potatoes
- Cooked dried beans
- Vegetables in mixtures, such as in sandwiches, omelets, casseroles, Mexican dishes, stews, stir-fry,
- Rice

**COUNT:**

- All other vegetables — raw, cooked, canned, and frozen

1 ☐  
**Never**  
(Go to question 8)

2 ☐  
**1-3 days**  
**last month**

3 ☐  
**1-2 days**  
**per week**

4 ☐  
**3-4 days**  
**per week**

5 ☐  
**5-6 days**  
**per week**

6 ☐  
**Every**  
**day**

7a. When you ate **vegetables** in the morning, what is the **total** amount of **vegetables** that you usually ate in a morning?

1 ☐  
Less than ½ cup

2 ☐  
½ to 1 cup

3 ☐  
1 to 2 cups

4 ☐  
More than 2 cups

## LUNCHTIME AND AFTERNOON

8. Think about all the foods you ate at lunchtime and for your afternoon snacks last month. On how many days did you eat **fruit** at lunchtime or for your afternoon snacks? Count any kind of fruit — fresh, canned, and frozen. **Do not count** juices.

- |                            |                            |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| <b>Never</b>               | <b>1-3 days</b>            | <b>1-2 days</b>            | <b>3-4 days</b>            | <b>5-6 days</b>            | <b>Every</b>               |
| <b>(Go to question 8)</b>  | <b>last month</b>          | <b>per week</b>            | <b>per week</b>            | <b>per week</b>            | <b>day</b>                 |

8a. When you ate **fruit** at lunchtime or for your afternoon snacks, what is the **total** amount of **fruit** that you usually ate then?

- |                                 |                            |                            |                                  |
|---------------------------------|----------------------------|----------------------------|----------------------------------|
| 1 <input type="checkbox"/>      | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/>       |
| <b>Less than 1 medium fruit</b> | <b>1 medium fruit</b>      | <b>2 medium fruits</b>     | <b>More than 2 medium fruits</b> |

- OR -

- |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| <b>Less than ½ cup</b>     | <b>About ½ cup</b>         | <b>About 1 cup</b>         | <b>More than 1 cup</b>     |

9. Think about all the foods you ate at lunchtime and for your afternoon snacks. On how many days did you eat **vegetables** at lunchtime or for your afternoon snacks?

- DO NOT COUNT:**
- Lettuce salads
  - White potatoes
  - Cooked dried beans
  - Vegetables in mixtures, such as in sandwiches, omelets, casseroles,
  - Rice
- COUNT:**
- All other vegetables —raw, cooked, canned, and frozen

- |                            |                            |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| <b>Never</b>               | <b>1-3 days</b>            | <b>1-2 days</b>            | <b>3-4 days</b>            | <b>5-6 days</b>            | <b>Every</b>               |
| <b>(Go to question 8)</b>  | <b>last month</b>          | <b>per week</b>            | <b>per week</b>            | <b>per week</b>            | <b>day</b>                 |

9a. When you ate **vegetables** at lunchtime or for your afternoon snacks, what is the **total** amount of **vegetables** that you usually ate then?

1 ☐  
Less than ½ cup

2 ☐  
½ to 1 cup

3 ☐  
1 to 2 cups

4 ☐  
More than 2 cups

### SUPPERTIME AND EVENING

10. Think about all the foods you ate at suppertime and for your evening snacks last month. On how many days did you eat **fruit** at suppertime or for your evening snacks? Count any kind of fruit —fresh, canned, and frozen. **Do not count** juices.

1 ☐  
**Never**  
(Go to question 8)

2 ☐  
**1-3 days**  
**last month**

3 ☐  
**1-2 days**  
**per week**

4 ☐  
**3-4 days**  
**per week**

5 ☐  
**5-6 days**  
**per week**

6 ☐  
**Every**  
**day**

10a. When you ate fruit at suppertime or for your evening snacks, what is the total amount of fruit that you usually ate then?

1 ☐  
Less than 1 medium fruit

2 ☐  
1 medium fruit

3 ☐  
2 medium fruits

4 ☐  
More than 2 medium fruits

- OR -

1 ☐  
Less than ½ cup

2 ☐  
About ½ cup

3 ☐  
About 1 cup

4 ☐  
More than 1 cup

11. Think about all the foods you ate at suppertime and for your evening snacks. On how many days did you eat **vegetables** at suppertime or for your evening snacks?

- DO NOT COUNT:**
- Lettuce salads
  - White potatoes
  - Cooked dried beans
  - Vegetables in mixtures, such as in sandwiches, omelets, casseroles,
  - Rice

- COUNT:**
- All other vegetables —raw, cooked, canned, and frozen

- |                            |                            |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| <b>Never</b>               | <b>1-3 days</b>            | <b>1-2 days</b>            | <b>3-4 days</b>            | <b>5-6 days</b>            | <b>Every</b>               |
| <b>(Go to question 8)</b>  | <b>last month</b>          | <b>per week</b>            | <b>per week</b>            | <b>per week</b>            | <b>day</b>                 |

11a. When you ate **vegetables** at suppertime or for your evening snacks, what is the **total** amount of **vegetables** that you usually ate

- |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| <b>Less than ½ cup</b>     | <b>½ to 1 cup</b>          | <b>1 to 2 cups</b>         | <b>More than 2 cups</b>    |

**These last few questions ask about how often you ate particular foods at any time of the day.**

12. Over the last month, how often did you eat **tomato sauce**? Include tomato sauce on pasta or macaroni, rice, pizza and other dishes.

- |                            |                            |                            |                            |                            |                            |                            |                            |                            |                             |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> | 9 <input type="checkbox"/> | 10 <input type="checkbox"/> |
| <b>Never</b>               | <b>1-3 times</b>           | <b>1-2 times</b>           | <b>3-4 times</b>           | <b>5-6 times</b>           | <b>1 times</b>             | <b>2 times</b>             | <b>3 times</b>             | <b>4 times</b>             | <b>5 or more</b>            |
|                            | <b>last month</b>          | <b>per week</b>            | <b>per week</b>            | <b>per week</b>            | <b>per day</b>             | <b>per day</b>             | <b>per day</b>             | <b>per day</b>             | <b>times</b>                |
|                            |                            |                            |                            |                            |                            |                            |                            |                            | <b>per day</b>              |

12a. Each time you ate tomato sauce, how much did you usually eat?

- |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| <b>Less than ½ cup</b>     | <b>About ½ cup</b>         | <b>About 1 cup</b>         | <b>More than 1 cup</b>     |

13. Over the last month, how often did you eat **vegetable soups**? Include tomato soup, gazpacho, and beef with rice?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
<b>Never</b>	<b>1-3 times last month</b>	<b>1-2 times per week</b>	<b>3-4 times per week</b>	<b>5-6 times per week</b>	<b>1 times per day</b>	<b>2 times per day</b>	<b>3 times per day</b>	<b>4 times per day</b>	<b>5 or more times per day</b>

13a. When you ate **vegetable soup**, how much did you usually eat?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>Less than 1 cup</b>	<b>1 to 2 cups</b>	<b>2 to 3 cups</b>	<b>More than 3 cups</b>

14. Over the last month, how often did you eat **mixtures that included vegetables**? Count such foods as sandwiches, casseroles, stews, stir-fry, omelets, and tacos.

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
<b>Never</b>	<b>1-3 times last month</b>	<b>1-2 times per week</b>	<b>3-4 times per week</b>	<b>5-6 times per week</b>	<b>1 times per day</b>	<b>2 times per day</b>	<b>3 times per day</b>	<b>4 times per day</b>	<b>5 or more times per day</b>

## Behavioral Risk Factor Surveillance System Fruit and Vegetable Module

1. During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice.

- 1 \_ \_ Per day
- 2 \_ \_ Per week
- 3 \_ \_ Per month
- 5 5 5 .Never
- 7 7 7. Don't know / Not sure
- 9 9 9. Refused

2. During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit

- 1 \_ \_ Per day
- 2 \_ \_ Per week
- 3 \_ \_ Per month
- 5 5 5. Never
- 7 7 7. Don't know / Not sure
- 9 9 9. Refused

3. During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, and garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans.

- 1 \_ \_ Per day
- 2 \_ \_ Per week
- 3 \_ \_ Per month
- 5 5 5. Never
- 7 7 7. Don't know / Not sure
- 9 9 9. Refused

4. During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach?

- 1 \_ \_ Per day
- 2 \_ \_ Per week
- 3 \_ \_ Per month
- 5 5 5. Never
- 7 7 7. Don't know / Not sure
- 9 9 9. Refused

5. During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?

- 1 \_ \_ Per day
- 2 \_ \_ Per week
- 3 \_ \_ Per month
- 5 5 5. Never
- 7 7 7. Don't know / Not sure
- 9 9 9. Refused

6. Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.

- 1 \_ \_ Per day
- 2 \_ \_ Per week
- 3 \_ \_ Per month
- 5 5 5. Never
- 7 7 7. Don't know / Not sure
- 9 9 9. Refused



## Food Attitude and Behaviors Survey – Cups of Fruits and Vegetables

The next two questions ask about cups of fruits and vegetables.

The following boxes provide some examples of how much counts as one cup.

<b>1 cup of fruit could be:</b> <ul style="list-style-type: none"><li>1 small apple</li><li>1 large banana</li><li>1 large orange</li><li>8 large strawberries</li><li>1 medium pear</li><li>2 large plums</li><li>1 cup (8 oz.) of 100% juice</li><li>1 small wedge of watermelon (1 inch thick)</li></ul>	<b>1 cup of vegetables could be:</b> <ul style="list-style-type: none"><li>1 cup of cooked leafy greens</li><li>2 cups of lettuce or raw greens</li><li>12 baby carrots</li><li>1 medium potato</li><li>1 large ear of corn</li><li>1 large raw tomato</li><li>2 large celery stalks</li><li>1 cup of cooked beans</li></ul>
---	--

**1. About how many cups of FRUIT (including 100% pure fruit juice) do you eat or drink each day?**

**("X" ONE BOX)**

None ..... ☐      1/2 to 1 cup ..... ☐      2-3 cups ..... ☐      4 cups or more ..... ☐  
1/2 cup or less ☐      1-2 cups ..... ☐      3-4 cups ..... ☐

**2. About how many cups of VEGETABLES (including 100% vegetable juice) do you eat or drink each day?**

**("X" ONE BOX)**

None ..... ☐      1/2 to 1 cup ..... ☐      2-3 cups ..... ☐      4 cups or more ..... ☐  
1/2 cup or less ☐      1-2 cups ..... ☐      3-4 cups ..... ☐

# Fruit and Vegetable Inventory

**What is the behavior/issue being measured?** This survey measures six psychosocial factors related to fruit and vegetable consumption: perceived benefits, perceived control, self-efficacy for eating fruit and vegetables, readiness to eat more fruit, readiness to eat more vegetables, and perceived diet quality.<sup>1</sup> It was evaluated and found to be moderately effective for the ability to capture change (sensitivity)<sup>2</sup> in low-income, English-speaking audiences.

**Perceived benefits**, also known as outcome expectations, perceived benefits measured are what a person believes will happen as a result of performing a behavior. Outcome expectations provide motivation for eating fruits and vegetables.

**Perceived control** is the perception of having control over a behavior, in this case, who is in charge of food shopping and food preparation.

**Self-efficacy** is a person's confidence that (s)he can carry out a particular behavior.

**Readiness to eat more fruits/vegetables** is an individual's readiness to change by increasing intake of fruits and vegetables.

**Perceived diet quality** is an overall self-rating of diet quality, considered to be an indicator of behavior.

## **Who is the target audience?**

This survey was developed and validated with low-income California adults and should be used with adults only.

## **References**

Townsend MS, Kaiser LL. Development of an Evaluation Tool to Assess Psychosocial Indicators of Fruit And Vegetable Intake for 2 Federal Programs. J Am Diet Assoc. 2005; 37: 170-184.

Townsend, M. S., & Kaiser, L. L. (2007). Brief psychosocial fruit and vegetable tool is sensitive for the US Department of Agriculture's Nutrition Education Programs, J Am Diet Assoc (Vol. 107, pp. 2120-2124).

# Food Preference Survey - Adult

**What is the behavior being measured?** This survey is a measure of food preferences of intervention participants.

**Food Preferences** are a measure of how much intervention participants like specific fruits and vegetables, a factor which is strongly linked to fruit and vegetable consumption (Domel, 1993, Baxter, 2002).

The attached survey is comprised of a sample list of fruits, juices and vegetables. Monterey Department of Public Health contributed the Spanish version of the survey. The *Network* recommends that LIAs list the fruits and vegetables featured in their own interventions, plus a few others to identify some that the target audience does not like or with which they are unfamiliar. The latter items can be used as targets for a subsequent intervention. The list should not include apples, grapes, kiwi, oranges, peaches, pears or strawberries because results from a previous evaluation showed that a group of over 700 students were familiar with those items and liked them a lot. Using these items may leave little room to show improvement or change and would not be a good use of survey space.

This survey is available in both English and Spanish.

**Who is the target audience?** This survey was original validated for use with 3<sup>rd</sup> and 4<sup>th</sup> grade students. However, it is appropriate for use with any ages from 3<sup>rd</sup> grade through adult.

## References

Cullen K, Baranowski T, et al. Availability, accessibility, and preferences for fruit, 100% fruit juice, and vegetables influence children's dietary behavior. *Health Educ Behav* 2003; 30(5): 615-26.

Domel, S. B., T. Baranowski, et al. (1993). "Measuring fruit and vegetable preferences among 4th- and 5th-grade students." *Prev Med* 22(6): 866-79.

Baxter, S. D. and W. O. Thompson (2002). "Fourth-grade children's consumption of fruit and vegetable items available as part of school lunches is closely related to preferences." *J Nutr Educ Behav* 34(3): 166-71.

# Food Preference Survey

**How much do you like these fruits and vegetables?** Please bubble your answer ●

	I like this a lot	I like this a little	I do not like this	I don't know what this is
Asparagus.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avocados.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beets.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Broccoli.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cabbage.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooked Greens.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corn.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dried Plum.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grapefruit.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Green Beans.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mandarins (Tangerines)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Melons.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mushrooms.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nectarines.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Onions.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Persimmons.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plums.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radishes.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salad Greens.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spinach.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sweet Potatoes.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tomatoes.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are there other fruits that you really like? ☐ Yes → what kind? \_\_\_\_\_

Are there other vegetables that you really like? ☐ Yes → what kind? \_\_\_\_\_














# Food Preference Survey

Food Preference Survey – Fruits and Vegetables

Encuesta de Frutas Y Verduras

How much do you like these fruits and vegetables? Please check ☒ your answer

¿Cuánto te gusta la fruta y verdura? Por favor marca tu respuesta con una ☒

Fruits and Vegetables Frutas y Verduras	I like this a lot Me gusta mucho	I like this a little Me gusta un poco	I do not like this No me gusta	I don't know what this is No sé que es esto
 Banana/Plátano	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Broccoli/Brocoli	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Cabbage/Repollo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Carrot/Zanahoria	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Green bean/Ejote	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Mushroom/Hongo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Nectarine/Nectarina	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Orange/Naranja	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Peach/Durazno	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Pear/Pera	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Plum/Ciruela	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Strawberry/Fresa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Tomato/Tomate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Watermelon/Sandia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Zucchini/Calabacita	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are there other fruits that you really like? ☐ Yes → what kind?

¿Hay otras frutas que te gustan mucho? ☐ Sí → ¿qué tipo?

Are there other vegetables that you really like? ☐ Yes → what kind?

¿Hay otros vegetales que te gustan mucho? ☐ Sí → ¿qué tipo?

# Food Preference Survey - Adult

**What is the behavior being measured?** This survey is a measure of food preferences of intervention participants.

**Food Preferences** are a measure of how much intervention participants like specific fruits and vegetables, a factor which is strongly linked to fruit and vegetable consumption (Domel, 1993, Baxter, 2002).

The attached survey is comprised of a sample list of fruits, juices and vegetables. Monterey Department of Public Health contributed the Spanish version of the survey. The California Department of Public Health recommends that LIAs list the fruits and vegetables featured in their own interventions, plus a few others to identify some that the target audience does not like or with which they are unfamiliar. The latter items can be used as targets for a subsequent intervention. The list should not include apples, grapes, kiwi, oranges, peaches, pears or strawberries because results from a previous evaluation showed that a group of over 700 students were familiar with those items and liked them a lot. Using these items may leave little room to show improvement or change and would not be a good use of survey space.

This survey is available in both English and Spanish.

**Who is the target audience?** This survey was original validated for use with 3<sup>rd</sup> and 4<sup>th</sup> grade students. However, it is appropriate for use with any ages from 3<sup>rd</sup> grade through adult.

## References

Cullen K, Baranowski T, et al. Availability, accessibility, and preferences for fruit, 100% fruit juice, and vegetables influence children's dietary behavior. *Health Educ Behav* 2003; 30(5): 615-26.

Domel, S. B., T. Baranowski, et al. (1993). "Measuring fruit and vegetable preferences among 4th- and 5th-grade students." *Prev Med* 22(6): 866-79.

Baxter, S. D. and W. O. Thompson (2002). "Fourth-grade children's consumption of fruit and vegetable items available as part of school lunches is closely related to preferences." *J Nutr Educ Behav* 34(3): 166-71.

# Psychosocial Factors Related to Healthy Eating in Adults

## What is the behavior/issue being measured?

This survey includes multiple brief scales developed by Norman and colleagues to develop psychosocial factors associated with healthy eating, including fruit and vegetable intake, in adults. The various psychosocial factors are described below.

**Self-Efficacy** is a person's confidence that (s)he can carry out a particular behavior. Self-efficacy is assessed for increasing fruit and vegetables (6-item scale), increasing fiber and whole grains (8-item scale), and decreasing fat (5-item scale).

**Decisional Balance** is opinions about the pros and cons of certain behaviors. Items on these scales relate to perceptions of the positive (pros) and negative (cons) aspects of changing to healthier dietary behaviors, specifically reducing dietary fat intake, increasing fiber and whole grains, and increasing fruit and vegetable intake.

**Behavior Change Strategies** are activities, thoughts, and feelings people use to help them change their dietary habit. The behavior change strategies for healthy eating scale was comprised of fifteen items that reflected thoughts, activities, and feelings people may use when making a behavior change. Since each change strategy was only represented by a single item, a general change strategy for healthy eating score was computed rather than scales for the individual change strategies. Higher scores on this scale indicated higher frequency of using change strategies for healthy eating.

**Social Support** is support provided by friends, family, co-workers, or others for a particular behavior. This scale assesses how often, in the past 30 days, family or friends provided support or were not supportive of eating healthy foods.

**Food Environment** is the availability of healthy and unhealthy foods in the home, workplace, and community. This scale consists of four items assessing the availability of healthy foods in the work place and shopping environment. Participants respond to each item on a 5-point scale from 'strongly disagree' to 'strongly agree.'

**Enjoyment** is the enjoyment of eating foods considered to be healthy. This is a seven-item scale; participants respond to each item on a 5-point scale from 'strongly disagree' to 'strongly agree.'

This survey was assessed for reliability in a sample of college students, and for reliability and validity with a sample of overweight and obese adults. Acceptable reliability was found for all sub-scales with both samples. In the validation study, it was found that the strongest associations with dietary intake were with the healthy eating change strategies and healthy eating enjoyment scales. Healthy eating social support, healthy eating environment, and decisional balance "cons" (but not for "pros") also showed good validity with dietary intake.

**Who is the target audience?**

These questions are designed to be used only with adults. When these scales were validated, analyses revealed that the relationship between the psychosocial scales and dietary intake estimates were not influenced by ethnicity, age, education, and BMI, suggesting the psychosocial scales are likely to be appropriate for diverse population segments.

**References**

1. Norman, G.J., Carlson, J.A., Sallis, J.F., Wagner, N., Calfas, K.J., & Patrick, K. (2010). Reliability and validity of brief psychosocial measures related to dietary behaviors. *International Journal of Behavioral Nutrition and Physical Activity*, 7, 56.



## FRUITS & VEGETABLES: Pros & Cons

The following statements are different opinions about eating fruits and vegetables. Please rate **HOW IMPORTANT** each statement is to your decision to eat 5 fruits and vegetables a day. Use the following scale:

PLEASE:

\* Fill in each circle completely.

\* Erase all changes completely.

	Extremely Important	Very Important	Moderately Important	Slightly Important	Not Important
	5	4	3	2	1
1. I would have more energy if I ate fruits and vegetables.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. It takes too much time to prepare fruits and vegetables.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I would be doing something good for my body if I ate fruits and vegetables.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I would rather eat sweets or high fat snacks than fruits and vegetables.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. People close to me would be pleased if I ate fruits and vegetables.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Fruits and vegetables do not satisfy my hunger for very long.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Eating more fruits and vegetables helps me manage my weight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Fresh fruits and vegetables are too expensive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## FRUITS & VEGETABLES: Self Efficacy

There are many things that can get in the way of choosing to eat 5 fruits and vegetables each day. Rate **HOW CONFIDENT** you are that you can do the following using the scale below.

PLEASE:

\* Fill in each circle completely.

\* Erase all changes completely.

	Extremely Confident	4	3	2	1
	Very Confident		Moderately Confident		Somewhat Confident
					Not at All Confident
1. Eat 5 servings of fruits and vegetables everyday?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Drink 100% fruit juice instead of soda or fruit punch?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Eat fruits and vegetables for a snack instead of chips or candy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Eat fruits and vegetables when eating out at a restaurant?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Eat fruits and vegetables when I am upset or having a bad day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Eat fruits and vegetables when I am at a social event?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## FIBER: Pros & Cons

The following statements are different opinions about eating high fiber foods. Please rate **HOW IMPORTANT** each statement is to your decision to eat foods high in fiber. Use the following scale:

**PLEASE:**

\* Fill in each circle completely.

\* Erase all changes completely.

	Extremely Important 5	Very Important 4	Moderately Important 3	Slightly Important 2	Not Important 1
1. Eating high fiber foods fills me up so I do not over eat.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Cereals and breads that are high in fiber are too expensive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I am doing something good for my body when I eat high fiber foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I don't like the taste or texture of high fiber foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I have more energy when I eat high fiber foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. My family does not like whole grain breads and cereals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I can be a good role model for others when I eat more high fiber foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. It takes too much time to find and prepare high fiber foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## FIBER: Self Efficacy

**There are many things that can get in the way of choosing to eat foods high in fiber. Rate HOW CONFIDENT you are that you can do the following using the scale below.**

**PLEASE:**

\* Fill in each circle completely.

\* Erase all changes completely.

	Extremely Confident 5	Very Confident 4	Moderately Confident 3	Somewhat Confident 2	Not at All Confident 1
1. Choose high fiber cereals over low fiber and sugary cereals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Avoid foods that are low in fiber?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Choose high fiber foods even when you are upset and having a bad day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Choose high fiber snacks instead of doughnuts or cookies?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Eat 5 servings of whole grains and beans everyday?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Choose selections with whole grains or beans when out at a restaurant?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Regularly eat whole grain bread?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Choose foods that are high in fiber when at a social event?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## DIETARY FAT: Pros & Cons

The following statements are different opinions about eating foods that are high in fat. Please rate **HOW IMPORTANT** each statement is to your decision to eat high fat foods. Use the following scale:

	Extremely Important 5	Very Important 4	Moderately Important 3	Slightly Important 2	Not Important 1
PLEASE:					
* Fill in each circle completely.					
* Erase all changes completely.					
1. Eating my favorite high fat foods is a quick way to satisfy my hunger.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Eating high fat foods now can mean health problems for me in the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Foods high in fat taste better than low fat foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. People close to me disapprove of me eating foods that are high in fat.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I feel good when I'm eating the high fat foods I enjoy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Eating high fat foods makes it hard to manage my weight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. My family and friends like me better when I am happy and eating high fat foods rather than miserable and watching what I eat.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I feel sluggish and heavy when I eat high fat foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## DIETARY FAT: Self-Efficacy

**There are many things that can get in the way of choosing to eat a diet low in fat. HOW CONFIDENT are you that you can choose low fat foods in each situation?**

**PLEASE:**

\* Fill in each circle completely.

\* Erase all changes completely.

	Extremely Confident 5	Very Confident 4	Moderately Confident 3	Somewhat Confident 2	Not at All Confident 1
1. When others around you are eating high fat foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. When you are craving high fat foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. When you are out at a restaurant.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. When you are upset or having a bad day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. When you are at a social event.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## HEALTHY EATING: Change Strategies

The following are activities, thoughts, and feelings people use to help them change their dietary habits. Think of any similar experiences you may be having or have had in the past month. Then rate **HOW OFTEN** you do each of the following using the scale below:

PLEASE:

\* Fill in each circle completely.

\* Erase all changes completely.

	Never 1	Almost Never 2	Sometimes 3	Often 4	Many Times 5
1. I look for information about eating healthy foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I keep track of what I eat.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I find ways to get around the things that get in the way of eating healthy foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I think about how my surroundings affect the foods I eat (surroundings are things like fast food restaurants, vending machines, and pre-packaged foods in the store).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I put reminders around my house to eat healthy foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I reward myself for eating healthy foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I do things to make eating healthy foods more enjoyable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I think about the benefits I will get from eating healthy foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I try to think more about the benefits of eating healthy foods and less about the hassles of eating healthy foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I say positive things to myself about eating healthy foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. When I get off track from my healthy eating goals, I tell myself I can start again and get right back on track.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I have a friend or family member who encourages me to eat healthy foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I try different kinds of healthy foods so that I have more choices.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I set goals to eat healthy foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I make back-up plans to be sure I eat healthy foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## HEALTHY EATING: Social Support

**A. How often in the last 30 days has your family or friends done the following?**

**PLEASE:**

\* Fill in each circle completely.

\* Erase all changes completely.

	Almost Never 1	Once in Awhile 2	Sometimes 3	Often 4	Almost Always 5
1. Encourage you to eat healthy foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Discuss the benefits of eating healthy foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Remind you to choose healthy foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Share ideas on healthy eating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Eat healthy meals with you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Complain about eating healthy foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## HEALTHY EATING: Environment

**Indicate how strongly you agree with each item using the following scale:**

**PLEASE:**

\* Fill in each circle completely.

\* Erase all changes completely.

	Strongly Disagree 1	Somewhat Disagree 2	Neutral 3	Somewhat Agree 4	Strongly Agree 5
1. There is at least one option at work where I have healthy selections to choose from.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. There is a wide variety of fresh fruits and vegetables where I shop.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The fruits and vegetables where I shop are at good prices.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The fruits and vegetables where I shop are of good quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



## HEALTHY EATING: Enjoyment

Indicate how strongly you agree with each item using the following scale:

PLEASE:

\* Fill in each circle completely.

\* Erase all changes completely.

Strongly Agree 5

Somewhat Agree 4

Neutral 3

Somewhat Disagree 2

Strongly Disagree 1

1. I enjoy low fat (1%) or nonfat dairy products (e.g. milk, cheese, yogurt, cottage cheese).

☐ ☐ ☐ ☐ ☐

2. I enjoy eating fresh fruits.

☐ ☐ ☐ ☐ ☐

3. I enjoy eating fresh raw and cooked vegetables.

☐ ☐ ☐ ☐ ☐

4. I enjoy eating whole grain breads and crackers.

☐ ☐ ☐ ☐ ☐

5. I enjoy eating high fiber breakfast cereals.

☐ ☐ ☐ ☐ ☐

6. I enjoy eating lean cuts of meat.

☐ ☐ ☐ ☐ ☐

7. I enjoy eating foods containing cooked beans (e.g. kidney, pinto).

☐ ☐ ☐ ☐ ☐

## **Support for Healthy Eating: Workplace and Family Support Scales**

**What is the behavior/issue being measured?** These household and coworker support measures were developed by Sorensen and colleagues for the Treatwell 5-a-Day study, a worksite intervention in 22 health centers totaling 1308 participants, of which 269 had a high school education or less and 538 were African American or Hispanic.

**Social Support** is support provided by friends, family, co-workers, or others for a particular behavior.

Each of the measures consists of 6 items, with each item measured on a 4-point scale from never to often.

A low score reflects low perceived coworker or family support and a high score reflects high perceived support. The resulting score range from 1 (participated in the measure, never received any of the support items) to 19 (often received support on all six of the items). The Cronbach  $\alpha$  for the coworker support variable was .83. The Cronbach  $\alpha$  for the household support variable is .90.

**Who is the target audience?** These questions are designed to be used only with adults. Coworker support is assessed for those employed outside of the home. Household support is assessed for those respondents who report not living alone. If appropriate, both measures may be administered to an individual.

### **References**

Sorensen, G., Stoddard, A. M., Peterson, K., Cohen, N. L., Hunt, M.K., Stein, E., Palombo, R., Lederman, R. (1999) Increasing Fruit and Vegetable Consumption Through Worksites and Families in the Treatwell 5-a-Day Study. *American Journal of Public Health*. 89:1, 54-60.

### A. Workplace Support

**Select one box at the right for each statement.**

How often do your coworkers:	Never	Seldom	Sometimes	Often
...compliment your attempts to eat a healthy diet.				
...encourage you to eat vegetables.				
...encourage you to eat fruit.				
...bring healthy foods to work for you to try.				
...bring fruit to work for you to try.				
...bring vegetables to work for you to try.				

### B. Family Support

**Select one box at the right for each statement.**

How often does a member of your family:	Never	Seldom	Sometimes	Often
...compliment your attempts to eat a healthy diet.				
...encourage you to eat vegetables.				
...encourage you to eat fruit.				
...bring healthy foods home for you to try.				
...bring fruit home for you to try.				
...bring vegetables home for you to try.				

# Social Norms for Fruit and Vegetable Consumption

**What is the behavior/issue being measured?** These questions measure social norms for eating fruits and vegetables at home and at work.

**Social Norms** is a social network's expectation of its members' behavior. Small changes in social norms can have larger effects on group behavior.

Single-question measures of social norms for fruit and vegetable consumption were developed by Sorensen and colleagues for the Treatwell 5-a-Day study, a worksite intervention in 22 health centers totaling 1308 participants, of which 269 had a high school education or less and 538 were African American or Hispanic.

**Who is the target audience?** These questions are designed to be used only with adults. Coworker norms are assessed for those employed outside of the home. Family and friend norms are assessed for all respondents. If appropriate, both measures may be administered to an individual.

## References

Sorensen, G., Stoddard, A. M., Peterson, K., Cohen, N. L., Hunt, M.K., Stein, E., Palombo, R., Lederman, R. (1999) Increasing fruit and vegetable consumption through worksites and families in the Treatwell 5-a-Day Study. *American Journal of Public Health*, 89, 54-60.

Sorenson, G., Stoddard, A. M., Dubowitz, T., Barbeau, E. M., Bigby, J., Emmons, K. M., Berkman, L. F., & Peterson, K. E. (2007) The influence of social context on changes in fruit and vegetable consumption: results of the healthy directions studies. *American Journal of Public Health*, 97, 1216-1227.

### **A. Coworker Norms**

How many of your coworkers eat at least 5 servings of fruits and vegetables a day?

☐ few or none      ☐ some      ☐ most or all      ☐ don't know

### **B. Family and Friend Norms**

How many of your friends and family eat at least 5 servings of fruits and vegetables a day?

☐ few or none      ☐ some      ☐ most or all      ☐ don't know

## **Social Support for Purchasing Fruits and Vegetables**

**What is the behavior/issue being measured?** These questions ask about social support from family members for purchasing fruit or 100% juice and purchasing vegetables.

**Social Support** is support provided by friends, family, co-workers, or others for a particular behavior. Social support has been demonstrated to influence a variety of health behaviors.

Respondents are asked how often family members offered various types of support for purchasing fruits and vegetables, on a scale from never to very often. In a validation study with mostly low socioeconomic status adults, this measure of social support for purchasing fruits and vegetables was significantly correlated with home availability of fruits and vegetables. The Cronbach  $\alpha$  for the fruit and juice social support scale was .76 at the baseline assessment and .80 at a follow-up assessment. The Cronbach  $\alpha$  for the vegetable social support scale was .76 at the baseline assessment and .78 at the follow-up.

**Who is the target audience?** These questions are designed to be used only with adults.

### **References**

Baranowski, T., Missaghian, M., Broadfoot, A. Watson, K., Cullen, K., Nicklas, T., Fisher, J., Baranowski, J., & O'Donnell, S. (2006). Fruit and vegetable shopping practices and social support scales: A Validation. *Journal of Nutrition Education and Behavior*, 38. 340-351.

Read each statement (1-10) and mark the best answer to describe your own family.

**Fruit and 100% Juice**

<b>Has someone in your family. . .</b>	<b>Never 1</b>	<b>Occasionally 2</b>	<b>Sometimes 3</b>	<b>Often 4</b>	<b>Very Often 5</b>
1. approved when you purchased fruit & 100% juice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. asked you to purchase fruit & 100% juice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. reminded you to purchase fruit & 100% juice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. purchased fruit & 100% juice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. discussed purchasing fruit & 100% juice with you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Vegetables**

<b>Has someone in your family. . .</b>	<b>Never 1</b>	<b>Occasionally 2</b>	<b>Sometimes 3</b>	<b>Often 4</b>	<b>Very Often 5</b>
6. approved when you purchased vegetables?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. asked you to purchase vegetables?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. reminded you to purchase vegetables?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. purchased vegetables?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. discussed purchasing vegetables with you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## **Fruit and Vegetable Shopping Practices**

**What is the behavior/issue being measured?** These questions ask about food shopping practices, including pre-shopping planning, food selection, and methods to economize on shopping.

Respondents are asked how often they engage in a list of food shopping practices, on a 5-point scale ranging from never to all of the time. In a validation study testing this scale in a sample of mostly low-socioeconomic status adults, this measure of food shopping was significantly correlated with home availability of fruits and vegetables. The Cronbach  $\alpha$  for this scale was .81.

**Who is the target audience?** These questions are designed to be used only with adults.

### **References**

Baranowski, T., Missaghian, M., Broadfoot, A. Watson, K., Cullen, K., Nicklas, T., Fisher, J., Baranowski, J., & O'Donnell, S. (2006). Fruit and vegetable shopping practices and social support scales: A Validation. *Journal of Nutrition Education and Behavior*, 38. 340-351.



Reach each statement (1-12) and mark the best answer to describe your own shopping habits.

How often do you . . .	Never 0	Rarely 1	Sometimes 2	Most of the Time 3	All of the Time 4
1. look in refrigerator/ pantry before you go shopping to see what you need?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. check for vegetables on sale <b>when</b> you are at the store?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. check for fruit or 100% juice on sale <b>when</b> you are at the store?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. read label for nutrients?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. use a grocery list when you shop?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. check for vegetables on sale <b>before</b> going to the store?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. check for fruit or 100% juice on sale <b>before</b> going to the store?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. plan menus for the coming week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. use coupons for food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. use coupons to buy foods & brands you usually buy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. use coupons to buy different foods & brands than you usually buy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. use coupons for new foods you've never had before?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Cooking Attitudes and Self-Efficacy for Adults

**What is the behavior/issue being measured?** This survey measures adults' attitudes towards and confidence in their ability to cook and eat healthy foods.

**Attitudes** are favorable or unfavorable evaluations toward something or someone, shown in one's beliefs, feelings, or intended behavior.

**Self-efficacy** is a person's confidence that (s)he can carry out a particular behavior, such as preparing a healthy meal.

This survey was originally developed to assess the effectiveness of the Cooking with the Chef Program<sup>1</sup>, a nutrition education intervention providing low resources parents with hands-on learning to promote behavior change in the areas of menu planning, food purchasing, food preparation, and food consumption. The survey includes three scales, measuring (a) self-efficacy for preparing and cooking food, (b) attitudes towards cooking, and (c) eating fruits and vegetables and cooking from raw ingredients. The survey can be used together, or each of the three scales can be used on its own.

**Who is the target audience?** These questions are designed to be used only with adults.

## References

1. Condrasky, M.D., Williams, J.E., Catalano, P.M., & Griffin, S.F. (2011). Development of psychosocial scales for evaluating the impact of a culinary nutrition education program on cooking and healthful eating. *Journal of Nutrition Education and Behavior*, 43, 511-516.

## **In Home Availability of Fruits and Vegetables**

**What is the behavior/issue being measured?** This question module tests in-home availability of fruits and vegetables. It should be completed by parents. It was originally used to assess a family component in an evaluation of the High 5 program, a school-based fruit and vegetable promotion program<sup>1</sup>. This set of questions was tested for reliability and had a Cronbach's alpha score of .69. The availability score was originally used in Hearn et al (1998) and they also reported a reliability score of .69.<sup>2</sup>

**Who is the target audience?** These questions are designed to be used with parents.

### **References**

1. Reynolds K, Yaroch A, et al. Testing mediating variables in a school-based nutrition intervention program. *Health Psychol* 2002; 21(1): 51-60.
2. Hearn, M. D., Baranowski, T., Baranowski, J., & et al. (1998). Environmental Influences on Dietary Behavior Among Children: Availability and Accessibility of Fruits and Vegetables Enable Consumption. *J of Health Education*, 29(1), 26-31.

Are these available (present) in your home?

Fruits			Vegetables		
	YES	NO		YES	NO
1. Peaches	1 <input type="checkbox"/>	2 <input type="checkbox"/>	12. Carrots	1 <input type="checkbox"/>	2 <input type="checkbox"/>
2. Apple Juice	1 <input type="checkbox"/>	2 <input type="checkbox"/>	13. Celery	1 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Bananas	1 <input type="checkbox"/>	2 <input type="checkbox"/>	14. Greens (collard, mustards)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
4. Apples	1 <input type="checkbox"/>	2 <input type="checkbox"/>	15. Potatoes	1 <input type="checkbox"/>	2 <input type="checkbox"/>
5. Cantaloupe or mush melon	1 <input type="checkbox"/>	2 <input type="checkbox"/>	16. Corn	1 <input type="checkbox"/>	2 <input type="checkbox"/>
6. Grapes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	17. Peas	1 <input type="checkbox"/>	2 <input type="checkbox"/>
7. Orange Juice	1 <input type="checkbox"/>	2 <input type="checkbox"/>	18. Tomatoes	1 <input type="checkbox"/>	2 <input type="checkbox"/>
8. Oranges	1 <input type="checkbox"/>	2 <input type="checkbox"/>	19. Broccoli	1 <input type="checkbox"/>	2 <input type="checkbox"/>
9. Fruit Salad	1 <input type="checkbox"/>	2 <input type="checkbox"/>	20. Lettuce	1 <input type="checkbox"/>	2 <input type="checkbox"/>
10. Applesauce	1 <input type="checkbox"/>	2 <input type="checkbox"/>	21. Beans (green, string, snap)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
11. Other Fruits (please list)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	22. Other Vegetables (please list)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
a.			a.		
b.			b.		
c.			c.		
d.			d.		
e.			e.		
f.			f.		
g.			g.		
h.			h.		

# Neighborhood Food Access Questions for Adults

**What is the behavior/issue being measured?** These questions measure perceived access to specific types of healthy foods, particularly fruits and vegetables, in the neighborhood surrounding an individual's home.

**Food Access** is access by individuals to appropriate foods for a nutritious diet.

Research has linked adults' perceived access to healthy foods to their consumption of fruits and vegetables and other healthy foods.<sup>1</sup> Moreover, assessment of perceived access to healthy foods is useful for local health promotion programs working towards improving a neighborhood food environment.

The neighborhood food access questions below ask about access to (a) fruits and vegetables and (b) healthy foods in general. They were originally developed and tested with an urban, food insecure population.<sup>2</sup> Study participants answering these questions were accurate in their reporting of actual availability of both fruits and vegetables and health foods in neighborhood stores.

**Who is the target audience?** These questions are designed to be used only with adults.

## References

1. Inglis, V., Ball, K., & Crawford, D. (2008). Socioeconomic variations in women's diets: What is the role of perceptions of the local food environment? *Journal of Epidemiology and Community Health*, 62, 191-197.
2. Freedman, D.A. & Bell, B.A. (2009). Access to healthful foods among an urban food insecure population: Perceptions versus reality. *Journal of Urban Health*, 86(6), 825-838.

## Neighborhood Food Access

Please rate the food stores in your neighborhood. Mark the box that best fits your answer.

	<b>Strongly agree</b>	<b>Agree</b>	<b>Undecided</b>	<b>Disagree</b>	<b>Strongly disagree</b>
In my neighborhood, it is easy to buy fresh fruits and vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In my neighborhood, it is easy to buy healthy foods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Food Insecurity, Use of Food Assistance Programs, and Related Questions for Adults

**What is the behavior/issue being measured?** These instruments measure appropriate use of nutrition assistance programs Food insecurity, supplemental nutrition assistance program utilization, and use of other food assistance programs and sources of food.

**Food Insecurity** is the condition of not being assured of an adequate, nutritious, consistent, safe food supply. There are three conditions related to food insecurity: food secure households have a steady supply of safe, nutritious food available at all times; households classified as having *low food security* have reported multiple indications of food access problems, but typically have reported few, if any, indications of reduced food intake. Households classified as having *very low food security* have reported multiple indications of reduced food intake and disrupted eating patterns due to inadequate resources for food. In most but not all households with *very low food security*, the survey respondent reported that he or she was hungry at some time during the year but did not eat because there was not enough money for food.

**Utilization of non-emergency nutrition assistance programs** is participation in funded programs such as WIC, the Supplemental Nutrition Assistance Program (SNAP, CalFresh, former Food Stamps), Child Nutrition (free and/or reduced price school lunch/breakfast) Summer Meal Program).

**Utilization of emergency sources of food** is participation in food banks, soup kitchens, food pantries

Food security questions are asked when there is a concern that your program participants may have insufficient regular access to nutritious food.

**Who is the target audience?** All of these instruments are administered only to adults.

## References

### Food Behavior Checklist food security question:

1. Murphy SP, Kaiser LL, Townsend MS, Allen LH. Evaluation of validity of items for a food behavior checklist. *Journal of the American Dietetic Association* 2001 2001;101(7):751-761.

USDA food security questions:

2. Blumberg SJ, Bialostosky K, Hamilton WL, Briefel RR. The Effectiveness of a Short Form of the Household Food Security Scale. Am J Public Health 1999; 89: 1231-1234.
  3. USDA 2000 Guide to Measuring Household Food Security – <http://www.fns.usda.gov/fsec/FILES/FSGuide.pdf>
  4. Keenan DP, Olson C, Hersey JC, Parmer SM. Measures of food insecurity/ security. J Nutr Educ Behav 2001; 33 Suppl 1:S049-58.
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### 1. Single Item Question - Food Behavior Checklist Food Security Question

Single item question, part of validated Food Behavior Checklist<sup>1</sup>:  
Do you run out of food before the end of the month?

☐ never    ☐ sometimes    ☐ often    ☐ always

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### 2. Single Item Question - Extreme Coping Strategy When Food Resources Are Scarce (CA Women's Health Survey)

During the last 12 months, did you ever eat less than you wanted or not eat at all so that some other member of your household would have enough to eat?

- 1. Yes
  - 2. No
  
  - 7. Don't know / Not sure
  - 9. Refused
- 

### 3. Single Item Question – Food Hardship (Gallup-Healthways Well-Being Index Survey)

Have there been times in the past twelve months when you did not have enough money to buy food that you or your family needed?"

- 1. Yes
  - 2. No
  
  - 7. Don't know / Not sure
  - 9. Refused
-

## CalFresh Utilization Survey

The questions below have all been cognitively tested and used for many years on the California Women's Health Survey, using the term "food stamps" rather than "CalFresh".

In the last twelve months, have you applied for CalFresh benefits (the Supplemental Nutrition Assistance Program formerly called Food Stamps)?

- 1. Yes
- 2. No
  
- 7. Don't know / Not sure
- 9. Refused

Were you denied those (CalFresh) benefits?

- 1. Yes
- 2. No
  
- 7. Don't know / Not sure
- 9. Refused

What is the main reason you are not currently receiving CalFresh benefits?

- 1. Don't need them
- 2. Don't think I'm eligible
- 3. Don't know how to get them
- 4. Too hard to apply
- 5. Don't want government help
- 6. Worried about my citizenship status or being a "public charge"
- 7. Too embarrassed to use them
- 8. Didn't think about it
- 9. Didn't qualify
- 10. Didn't know about them
- 11. Other

- 
- 77. Don't know / Not sure
  - 99. Refused

Ask if YES to receiving CalFresh:

In an average month, how many days do CalFresh benefits last in your household?

\_\_\_\_\_ Enter number of days

- 77. Don't know / Not sure
  - 99. Refused
-

## Food Assistance Module with Food Sufficiency question

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This can be used to evaluate multiple food adequacy outcome evaluation objectives for SNAP-Ed, including utilization of SNAP and other nutrition assistance programs and a basic food sufficiency question. Note that the 12-month time period specified below can be modified to suit your intervention period. If, for example, you have a 3-month intervention, you may want to administer this at baseline and use the six months prior to the program. Then ask the questions again at the end of the program, again using a six month prior time period to identify utilization changes that took place during the time period of your intervention.

### *USDA Guidance Outcome Evaluation Objectives for Food Security*

*Number of participants who...*

\_\_\_\_\_ *decreased use of emergency food assistance (e.g. food bank, food pantry, soup kitchen, community kitchen)*

\_\_\_\_\_ *increased use of non-emergency food assistance programs (e.g. Food Stamp Program, WIC, Child Nutrition Programs, senior nutrition site)*

\_\_\_\_\_ *applied for the CalFresh/SNAP Program specifically*

\_\_\_\_\_ *other Specify: \_\_\_\_\_*

*Number of participants who (after education) reported having enough to eat:*

\_\_\_\_\_ *always* \_\_\_\_\_ *most of the time* \_\_\_\_\_ *sometimes* \_\_\_\_\_ *never*

---

	YES	NO	Don't know	Refused
1. In the last twelve months, have you participated in the Supplemental Nutrition Assistance Program or CalFresh or used an Advantage Card?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9

In the last 12 months, have you or anyone in your household received food assistance from any of the following sources? For each one, please tell me if you received food from the source named.

- |  |                            |                            |                            |                            |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| 2. WIC (coupons/vouchers)?                         | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 9 |
| 3. Emergency food banks, food pantry, soup kitchen | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 9 |
| 4. Meals served at a food kitchen/community site   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 9 |
| 5. Senior meal site or home-delivered meals (1%)   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 9 |
| 6. Free or reduced price school breakfast          | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 9 |
| 7. Free or reduced price school lunch              | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 9 |
| 8. The Summer Meal Program                         | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 9 |

9. Would you say you have enough to eat?

- ☐ 1. Always
  - ☐ 2. Most of the time
  - ☐ 3. Sometimes
  - ☐ 4. Rarely or never
  - ☐ 7. Don't know / Not sure
  - ☐ 9. Refused
-

## Short Form of the 12-month USDA Food Security Scale Questionnaire

**Response Options:** For interview surveys, DK (“don’t know”) and “Refused” are blind responses - that is, they are not presented as response options, but marked if volunteered. For self-administered surveys, DK is presented as a response option.

**30-Day Reference Period:** The questionnaire items may be modified to a 30-day reference period by changing the “last 12-month” references to “last 30 days.” In this case, item 4 must be changed to read as follows:

[IF YES ABOVE (#3), ASK] In the last 30 days, how many days did this happen?

\_\_\_\_\_ days

[ ] DK

---

These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford the food you need.

- 1 . I'm going to read you two statements that people have made about their food situation. Please tell me whether the statement was OFTEN, SOMETIMES, or NEVER true for (you/you or the other members of your household) in the last 12 months.

The first statement is, "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- (1) Often true
- (2) Sometimes true
- (3) Never true
- (D, R)

- 
- 2 . "(I/we) couldn't afford to eat balanced meals." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- (1) Often true
- (2) Sometimes true
- (3) Never true
- (D, R)

- 
- 3 In the last 12 months, since (date 12 months ago) did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?

- (1) Yes
- (2) No (GO TO 5)
- (D, R) (GO TO 5)

---

4 . **[Ask only if # 3 = YES]** How often did this happen---almost every month, some months but not every month, or in only 1 or 2 months?

(1) Almost every month

(2) Some months but not every month

(3) Only 1 or 2 months

(D, R)

(X) Question not asked because of negative or missing response to question 3

---

5 In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

(1) Yes

(2) No

(D, R)

---

6 In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

(1) Yes

(2) No

(D, R)

The full 18-item scale is presented for those who are interested, but would probably not be used for the typical Network impact/outcome evaluation. Read the reference USDA 2000 Guide to Measuring Household Food Security – <http://www.ers.usda.gov/briefing/foodsecurity/surveytools/core0699.doc> before using this scale.

## Food-Security 18-Item Scale Including Hunger Core Module

### 3-STAGE DESIGN, WITH SCREENERS

USDA, Food and Nutrition Service and Economic Research Service –  
6/23/99

**Transition into Module (administered to all households):** These next questions are about the food eaten in your household in the last 12 months, since (current month) of last year and whether you were able to afford the food you need.

**USDA Food Sufficiency Question/Screeners: Questions 1, 1a, 1b**  
(Questions 1, 1a, and 1b are optional. They are not actually used to calculate the Food Security Scale. Question 1 may be used in conjunction with income as a preliminary screener to reduce respondent burden for high income households when a survey is being administered to a population that includes households from all income levels).

1. [IF ONE PERSON IN HOUSEHOLD, USE "I" IN PARENTHESES, OTHERWISE, USE "WE."]

Which of these statements best describes the food eaten in your household in the last 12 months: --enough of the kinds of food (I/we) want to eat; --enough, but not always the kinds of food (I/we) want; --sometimes not enough to eat; or, --often not enough to eat?

- [1] Enough of the kinds of food we want to eat (SKIP 1a and 1b)
- [2] Enough but not always the kinds of food we want (SKIP 1a)
- [3] Sometimes not enough to eat [SKIP 1b]
- [4] Often not enough [SKIP 1b]
- [ ] DK or Refused (SKIP 1a and 1b)

- 1a. [IF OPTION 3 OR 4 SELECTED, ASK] Here are some reasons why people don't always have enough to eat. For each one, please tell me if that is a reason why YOU don't always have enough to eat. [READ LIST. MARK ALL THAT APPLY.]

YES	NO	DK	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not enough money for food
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not enough time for shopping or cooking
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Too hard to get to the store
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	On a diet
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No working stove available
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not able to cook or eat because of health problems

- 1b. [IF OPTION 2 SELECTED, ASK] Here are some reasons why people don't always have the quality or variety of food they want. For each one, please tell me if that is a reason why YOU don't always have the kinds of food you want to eat. [READ LIST. MARK ALL THAT APPLY.]

YES	NO	DK	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not enough money for food
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kinds of food (I/we) want not available
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not enough time for shopping or cooking
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Too hard to get to the store
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	On a special diet

**Stage 1: Questions 2-6 (asked of all households; begin scale items).**

[IF SINGLE ADULT IN HOUSEHOLD, USE "I," "MY," AND "YOU" IN PARENTHESES; OTHERWISE, USE "WE," "OUR," AND "YOUR" HOUSEHOLD.]

2. Now I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for (you/your household) in the last 12 months, that is, since last (name of current month).

The first statement is "(I/We) worried whether (my/our) food would run out before (I/we) got money to buy more." Was that often true, sometimes true, or never true for (you/your household) in the last 12 months?

☐ Often true  
☐ Sometimes true  
☐ Never true  
☐ DK or Refused

3. "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

☐ Often true  
☐ Sometimes true  
☐ Never true  
☐ DK or Refused

4. "(I/we) couldn't afford to eat balanced meals." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

☐ Often true  
☐ Sometimes true  
☐ Never true  
☐ DK or Refused



[IF CHILDREN UNDER 18 IN HOUSEHOLD, ASK Q5 - 6; OTHERWISE SKIP TO 1<sup>st</sup>-Level Screen.]

5. "(I/we) relied on only a few kinds of low-cost food to feed (my/our) child/the children) because (I was/we were) running out of money to buy food." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

☐ Often true  
☐ Sometimes true  
☐ Never true  
☐ DK or Refused

6. "(I/We) couldn't feed (my/our) child/the children) a balanced meal, because (I/we) couldn't afford that." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

☐ Often true  
☐ Sometimes true  
☐ Never true  
☐ DK or Refused

**1<sup>st</sup>-level Screen** (screener for Stage 2): If affirmative response to any one of Questions 2-6 (i.e., "often true" or "sometimes true"), OR, response [3] or [4] to Question 1 (if administered), then continue to Stage 2; otherwise, skip to end.

**Stage 2: Questions 7-11** asked of hh's passing the 1<sup>st</sup>-level Screen: **estimated 40% of hh's  $\leq$  185% Poverty; 5.5% of hh's  $>$  185% Poverty; 19% of all households).**

[IF CHILDREN UNDER 18 IN HOUSEHOLD, ASK Q7; OTHERWISE SKIP TO Q8]

7. "(My/Our child was/The children were) not eating enough because (I/we) just couldn't afford enough food." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

☐ Often true  
☐ Sometimes true  
☐ Never true  
☐ DK or Refused

8. In the last 12 months, since last (name of current month), did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?

- ☐ Yes
- ☐ No (Skip 8a)
- ☐ DK (Skip 8a)

8a. [IF YES ABOVE, ASK] How often did this happen---almost every month, some months but not every month, or in only 1 or 2 months?

- ☐ Almost every month
- ☐ Some months but not every month
- ☐ Only 1 or 2 months
- ☐ DK

9. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- ☐ Yes
- ☐ No
- ☐ DK

10. In the last 12 months, were you every hungry but didn't eat because you couldn't afford enough food?

- ☐ Yes
- ☐ No
- ☐ DK

11. In the last 12 months, did you lose weight because you didn't have enough money for food?

- ☐ Yes
- ☐ No
- ☐ DK

**2<sup>nd</sup>-level Screen** (screener for Stage 3): If affirmative response to any one of Questions 7 through 11, then continue to Stage 3; otherwise, skip to end.

**Stage 3: Questions 12-16** (asked of hh's passing the 2<sup>nd</sup>-level Screen: estimated 7-8% of hh's < 185% Poverty; 1-1.5% of hh's > 185% Poverty; 3-4% of all hh's).

12. In the last 12 months, did (you/you or other adults in your household) ever not eat for a whole day because there wasn't enough money for food?

- ☐ Yes
- ☐ No (Skip 12a)
- ☐ DK (Skip 12a)

12a. [IF YES ABOVE, ASK] How often did this happen---almost every month, some months but not every month, or in only 1 or 2 months?

- ☐ Almost every month
- ☐ Some months but not every month
- ☐ Only 1 or 2 months
- ☐ DK

[IF CHILDREN UNDER 18 IN HOUSEHOLD ASK 13-16; OTHERWISE SKIP TO END.]

13. The next questions are about children living in the household who are under 18 years old. In the last 12 months, since (current month) of last year, did you ever cut the size of (your child's/any of the children's) meals because there wasn't enough money for food?

- ☐ Yes
- ☐ No
- ☐ DK

14. In the last 12 months, did (CHILD'S NAME/any of the children) ever skip meals because there wasn't enough money for food?

- ☐ Yes
- ☐ No (Skip 14a)
- ☐ DK (Skip 14a)

14a. [IF YES ABOVE ASK] How often did this happen---almost every month, some months but not every month, or in only 1 or 2 months?

- ☐ Almost every month
- ☐ Some months but not every month
- ☐ Only 1 or 2 months
- ☐ DK

15. In the last 12 months, (was your child/ were the children) ever hungry but you just couldn't afford more food?

- ☐ Yes
- ☐ No
- ☐ DK

16. In the last 12 months, did (your child/any of the children) ever not eat for a whole day because there wasn't enough money for food?

☐ Yes

☐ No

☐ DK

# **Physical Activity Survey, Adults On the Go!/De Prisa!**

**What is the behavior being studied?** This survey was developed by Jinan Banna and Marilyn Townsend at UC Davis in 2008. It is used to measure physical activity and is appropriate for primary prevention interventions focusing on chronic disease prevention.

The survey has had extensive research on the content and formatting to be acceptable with low literacy audiences. Thus the format of the survey should not be changed. It is a bilingual English/Spanish survey. This survey also has an administration guide that should be used when it is given.

Photo illustrations contained within the FBC and FVC may not be modified or used without consent of the survey author.

This instrument is an extension of other previous research on the International Physical Activity Questionnaire (IPAQ)<sup>1</sup> and readability.<sup>2</sup> This instrument is currently the subject of a validation study.

**Who is the target audience?** These questions are designed to be used only with adults.

## **References**

1. Craig, C. Marshall A., Sjostrom M, Bauman A., Booth M., Ainsworth B., Pratt M., Ekelund U., Yngve A., et al. The International Physical Activity Questionnaire (IPAQ): A comprehensive reliability and validity study in twelve countries. *Med Sci Sports Exerc.* 2003;35:1381-95.
2. Townsend MS, Sylkva K., Martin A., Metz D., Wootan Swanson P. Improving readability of an evaluation tool for low-income clients using visual information processing theories. *J Nutr Educ Behav* 2008; 40:181-186.

## **Physical Activity Behavior Adults, Rapid Assessment of Physical Activity (RAPA)**

**What is the behavior/issue being measured?** The Rapid Assessment of Physical Activity (RAPA) was developed to provide an easily administered and interpreted means of assessing levels of physical activity among adults older than 50 years.<sup>1</sup> It was validated against CHAMPS (Community Healthy Activities Model Program for Seniors) and compared with the BRFS and PACE (Physician-based Assessment and Counseling for Exercise); the RAPA tested better. The survey is available in English and Mexican Spanish (included in this Compendium). Additional versions in [Vietnamese](#) and [European Spanish](#) are available from the website of the University of Washington's Health Promotion Research Center.

**Who is the target audience?** This instrument was validated for older audiences but it can be used with adults of all ages.

### **References**

1. Topolski TD, LoGerfo J, Patrick DL, Williams B, Walwick J, Patrick MB. The Rapid Assessment of Physical Activity (RAPA) among older adults. Prev Chronic Dis [serial online] 2006 Oct [cited August 15, 2011].

# How Physically Active Are You?



An assessment of level and intensity  
of physical activity

University of Washington Health Promotion Research Center

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## Rapid Assessment of Physical Activity

**Physical Activities** are activities where you move and increase your heart rate above its resting rate, whether you do them for pleasure, work, or transportation.

The following questions ask about the amount and intensity of physical activity you usually do. The intensity of the activity is related to the amount of energy you use to do these activities.

### Examples of physical activity intensity levels:

<b>Light activities</b> <ul style="list-style-type: none"><li>• your heart beats slightly faster than normal</li><li>• you can talk and sing</li></ul>	 Walking Leisurely	 Stretching	 Vacuuming or Light Yard Work	
<b>Moderate activities</b> <ul style="list-style-type: none"><li>• your heart beats faster than normal</li><li>• you can talk but not sing</li></ul>	 Fast Walking	 Aerobics Class	 Strength Training	 Swimming Gently
<b>Vigorous activities</b> <ul style="list-style-type: none"><li>• your heart rate increases a lot</li><li>• you can't talk or your talking is broken up by large breaths</li></ul>	 Stair Machine	 Jogging or Running	 Tennis, Racquetball, Pickleball or Badminton	



## How physically active are you? *(Check one answer on each line)*

Does this accurately describe you?

RAPA 1	1	I rarely or never do any physical activities.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	2	I do some <b>light</b> or <b>moderate</b> physical activities, but not every week.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	3	I do some <b>light</b> physical activity every week.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	4	I do <b>moderate</b> physical activities every week, but less than 30 minutes per day, 5 days per week.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	5	I do <b>vigorous</b> physical activities every week, but less than 20 minutes per day, 3 days per week.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	6	I do 30 minutes or more per day of <b>moderate</b> physical activities, 5 or more days per week.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	7	I do 20 minutes or more per day of <b>vigorous</b> physical activities, 3 or more days per week.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
RAPA 2 3 = Both 1 & 2	1	I do activities to increase muscle <b>strength</b> , such as lifting weights or calisthenics, once a week or more.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	2	I do activities to improve <b>flexibility</b> , such as stretching or yoga, once a week or more.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

ID # \_\_\_\_\_

Today's Date \_\_\_\_\_

## Scoring Instructions

### **RAPA 1: Aerobic**

To score, choose the question with the highest score with an affirmative response. Any number less than 6 is suboptimal.

For scoring or summarizing categorically:

Score as sedentary:

1. I rarely or never do any physical activities.

Score as under-active:

2. I do some light or moderate physical activities, but not every week.
3. I do some light physical activity every week.

Score as under-active regular:

4. I do moderate physical activities every week, but less than 30 minutes per day, 5 days per week.
5. I do vigorous physical activities every week, but less than 20 minutes per day, 3 days per week.

Score as active:

6. I do 30 minutes or more per day of moderate physical activities, 5 or more days per week.
7. I do 20 minutes or more per day of vigorous physical activities, 3 or more days per week.

---

### **RAPA 2: Strength & Flexibility**

I do activities to increase muscle strength, such as lifting weights or calisthenics, once a week or more. (1)

I do activities to improve flexibility, such as stretching or yoga, once a week or more. (2)

Both. (3)

None (0)

# ¿Cuál es su nivel de actividad física?



## Evaluación del nivel de intensidad de actividad física

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## Determinando el Nivel de Actividad Física

**Las actividades físicas**, son actividades en las que usted hace movimientos ya sean por diversión, trabajo o para transportarse de un lugar a otro. Estos movimientos aumentan el número de latidos de su corazón en diferentes niveles de intensidad. Por favor piense en aquellas actividades que usted hace como parte del trabajo, en el jardín y en la casa, para ir de un sitio a otro, y en su tiempo libre, ejercicio o deporte.

Los siguientes ejemplos muestran tres niveles de intensidad en actividades físicas. La intensidad en las actividades físicas que usted realiza está relacionada con la cantidad de energía que usted utiliza haciendo estas actividades.

### Ejemplo de los niveles de intensidad en las actividades físicas:

<p><b>Actividades ligeras</b></p> <ul style="list-style-type: none"> <li>• Su corazón late un poco más rápido de lo normal</li> <li>• Puede hablar y cantar</li> </ul>	<div data-bbox="656 814 873 1031"></div> <div data-bbox="695 1060 831 1129">Caminata Ligera</div> <div data-bbox="943 814 1105 1031"></div> <div data-bbox="911 1060 1092 1129">Ejercicios de Elasticidad</div> <div data-bbox="1227 793 1349 1031"></div> <div data-bbox="1177 1039 1417 1144">Barrer o Hacer Trabajo de Jardinería Ligero</div>
<p><b>Actividades moderadas</b></p> <ul style="list-style-type: none"> <li>• El corazón late más rápido de lo normal</li> <li>• Puede hablar pero no cantar</li> </ul>	<div data-bbox="699 1186 797 1423"></div> <div data-bbox="673 1438 813 1512">Caminata Rápida</div> <div data-bbox="846 1241 1024 1388"></div> <div data-bbox="868 1417 1011 1480">Clases de Aeróbicos</div> <div data-bbox="1097 1220 1198 1333"></div> <div data-bbox="1047 1375 1255 1512">Levantamiento de pesas ligeras o moderadas</div> <div data-bbox="1252 1241 1442 1409"></div> <div data-bbox="1307 1438 1388 1470">Bailar</div>
<p><b>Actividades vigorosas</b></p> <ul style="list-style-type: none"> <li>• El número de latidos de su corazón aumenta mucho más</li> <li>• No puede hablar o el habla es interrumpida por respiraciones profundas</li> </ul>	<div data-bbox="695 1549 824 1801"></div> <div data-bbox="673 1822 831 1854">Escaladora</div> <div data-bbox="911 1577 1040 1745"></div> <div data-bbox="933 1774 1047 1806">Voleibol</div> <div data-bbox="1130 1577 1230 1829"></div> <div data-bbox="1122 1848 1235 1911">Trotar o Correr</div> <div data-bbox="1268 1549 1414 1745"></div> <div data-bbox="1317 1801 1409 1833">Fútbol</div>

**¿Cuál es su nivel de actividad física?** (Marque su respuesta para cada pregunta)

¿Lo describe a usted con exactitud?

RAPA 1	1	Nunca o casi nunca hago actividades físicas.	Sí <input type="checkbox"/>	No <input type="checkbox"/>
	2	Hago algunas actividades físicas <b>ligeras</b> y/o <b>moderadas</b> , pero no cada semana.	Sí <input type="checkbox"/>	No <input type="checkbox"/>
	3	Hago algunas actividades físicas <b>ligeras</b> cada semana.	Sí <input type="checkbox"/>	No <input type="checkbox"/>
	4	Hago actividades físicas <b>moderadas</b> cada semana, pero menos de cinco días a la semana, o menos de 30 minutos diarios en esos días.	Sí <input type="checkbox"/>	No <input type="checkbox"/>
	5	Hago actividades físicas <b>vigorosas</b> cada <b>semana</b> , pero menos de tres días por semana, o menos de 20 minutos diarios en esos días.	Sí <input type="checkbox"/>	No <input type="checkbox"/>
	6	Hago 30 minutos o más de actividades físicas <b>moderadas</b> por día, 5 o más días por semana.	Sí <input type="checkbox"/>	No <input type="checkbox"/>
	7	Hago 20 minutos o más de actividades físicas <b>vigorosas</b> por día, 3 o más días por semana.	Sí <input type="checkbox"/>	No <input type="checkbox"/>
RAPA 2 3 = Both 1 & 2	1	Hago actividades para aumentar la <b>fuerza</b> muscular, como levantamiento de pesas, una o más veces por semana.	Sí <input type="checkbox"/>	No <input type="checkbox"/>
	2	Hago actividades para mejorar la <b>flexibilidad</b> , como ejercicios de elasticidad, una o más veces por semana.	Sí <input type="checkbox"/>	No <input type="checkbox"/>

Número de identificación : \_\_\_\_\_

Fecha : \_\_\_\_\_

Instrucciones para Identificar su Categoría  
RAPA 1: Aeróbicos

Para obtener su calificación y sintetizar por categoría su nivel de actividad física, elija a continuación las respuestas que sean afirmativas en su caso particular. Si el número seleccionado es menor a 6, esto significa que su nivel de actividad física está por debajo de lo recomendable. Del número 6 hacia arriba se encuentra dentro de lo recomendable.

Se considera sedentario si:

1. Nunca o casi nunca hago actividades físicas.

Se considera poco activo si:

2. Hago algunas actividades físicas ligeras y/o moderadas, pero no cada semana.

Se considera poco activo regular ligero si:

3. Hago algunas actividades físicas **ligeras** cada semana.

Se considera poco activo regular si:

4. Hago actividades físicas **moderadas** cada semana, pero menos de cinco días a la semana, o menos de 30 minutos diarios en esos días.
5. Hago actividades físicas **vigorosas** cada semana, pero menos de tres días por semana, o menos de 20 minutos diarios en esos días.

Se considera activo si:

6. Hago 30 minutos o más de actividades físicas **moderadas** por día, 5 o más días por semana.
7. Hago 20 minutos o más de actividades físicas **vigorosas** por día, 3 o más días por semana.

RAPA 2: Fuerza y Flexibilidad

Para medir su fuerza y flexibilidad seleccione una de las siguientes opciones la que se acerque más a su caso en particular:

Hago actividades para aumentar la **fuerza muscular**, como levantamiento de pesas, una o más veces por semana. (1)

Hago actividades para mejorar la **flexibilidad**, como ejercicios de elasticidad, una o más veces por semana. (2)

Ambas afirmaciones. (3)

Ninguna (0)

# Physical Activity Preferences for Adults

**What is the behavior/issue being measured?** The survey measures physical activity preferences in an effort to increase physical activity.

**Physical activity preferences-** This is a measure of how much individuals like specific physical and sedentary activities.

Research has demonstrated that physical activity preferences are moderately correlated to physical activity frequency<sup>1</sup>. The survey that follows is comprised of a list of physical activities; it was adapted from an instrument developed by Sherwood, et al. (2003) originally aimed at African American girls ages 8-10.

However, the list of activities may be modified to include those targeted by a particular intervention. The NEOPB recommends that LIAs list several activities to identify some that the target audience does not like or with which it is unfamiliar. The choices that are unfamiliar or are disliked can be used as targets for an intervention.

**Who is the target audience?** Originally developed for a study of 8-10 year old African American girls, this survey can be modified for use with adults.

## References

1. Sherwood N, Story M, Neumark-Sztainer D, Adkins S, Davis M. Development and implementation of a visual card sorting technique for assessing food and activity preferences and patterns in African American girls. J of the American Dietetic Association 2003; 103: 1473-1479.

## Physical Activity Preferences Survey (Sherwood, et al.)

How much do you like these physical activities? Please check <input checked="" type="checkbox"/> your answer	I like this a lot	I like this a little	I do not like this	I don't know what this is
Water play (swimming pool, lake)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arts and crafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer games, video games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bicycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Games such as chase, tag, hopscotch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listen to music, play an instrument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jump rope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skateboarding, skating, rollerblading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb on playground equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watch T.V., videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play board games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor play, climb trees, hide & seek	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swim laps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk on the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indoor chores: mopping, sweeping, vacuuming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor chores: mowing, raking, gardening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise like push-ups, sit-ups and jumping jacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baseball/ softball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight lifting, strength training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Racket sports: badminton, tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yoga	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hiking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Martial arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gymnastics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homework, reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volleyball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there other physical activities that you really like?

☐ Yes → what kind? \_\_\_\_\_





## **Social Support for Physical Activity Survey, Adults**

**What is the behavior/issue being measured?** The following survey measures support from family and friends for increasing physical activity.

This survey has been assessed for test-retest reliability and internal consistency reliability<sup>1</sup> and questions should not be modified. However, individual questions can be used. If your intervention is focused on helping adults learn how to increase their social support, you may want to use this survey.

**Who is the target audience?** These questions are designed to be used with adults.

### **References**

1. Sallis JF, Grossman RM, Pinski RB, Patterson TL, and Nader PR. The Development of Scales to Measure Social Support For Diet and Exercise Behaviors. *Preventive Medicine* 1987; 16, 825-836.

# Social Support from Family & Friends for Physical Activity Survey (Sallis, et al.)

Please write *one* number from the following rating scale in each space

1 none	2 rarely	3 A few times	4 often	5 Very often	8 Does not apply
-----------	-------------	---------------------	------------	-----------------	------------------------

During the past three months, my family (or members of my household) or friends

		Family	Friends
1	exercised with me.	A_____	B_____
2	offered to exercise with me.	A_____	B_____
3	gave me helpful reminders to exercise ("Are you going to exercise tonight?").	A_____	B_____
4	gave me encouragement to stick with my exercise program.	A_____	B_____
5	changed their schedule so we could exercise together.	A_____	B_____
6	discussed exercise with me.	A_____	B_____
7	complained about the time I spend exercising.	A_____	B_____
8	criticized me or made fun of me for exercising.	A_____	B_____
9	gave me rewards for exercising (bought me something or gave me something I like).	A_____	B_____
10	planned for exercise on recreational outings.	A_____	B_____
11	helped plan activities around my exercise.	A_____	B_____
12	asked me for ideas on how they can get more exercise.	A_____	B_____
13	talked about how much they like to exercise.	A_____	B_____

## **Adult Demographics**

Demographics are characteristics of a population. Characteristics such as race, ethnicity, gender, age, grade, income, and education level are all typical examples of demographics that are used in surveys. If the sample size is sufficient, the collection of demographic data allows for survey responses to be categorized into meaningful groups and compared.

SNAP-Ed contractors participating in Impact Outcome Evaluation (IOE) and working with an adult population are required to collect demographic data. This can be done in one of two ways: 1) Using participant data cards, or 2) using a demographic survey. The adult demographic survey includes four questions: age, gender, ethnicity, and race. For IOE, this survey is best used as a cover sheet to one of the mandatory survey instruments (Food Behavior Checklist and Fruit and Vegetable Checklist). This survey is available in English and Spanish.

ID# \_\_\_\_\_

1. How old are you?  
\_\_\_\_\_years

2. Are you:  
☐ male  
☐ female

3. Are you Hispanic or Latino?  
☐ Yes  
☐ No

4. What is your race? **(Select one or more responses.)**  
☐ American Indian or Alaska Native  
☐ Asian  
☐ Black or African American  
☐ Native Hawaiian or Other Pacific Islander  
☐ White

ID# \_\_\_\_\_

1. ¿Cuántos años tiene usted?

\_\_\_\_\_ años

2. ¿Es usted hombre o mujer?

☐ hombre

☐ mujer

3. ¿Es usted hispano/a o latino/a?

☐ Sí

☐ No

4. ¿Cuál es su raza? **(Seleccione una o más respuestas)**

☐ Indio Americano o Nativo de Alaska

☐ Asiático

☐ Negro o Africano Americano

☐ Nativo de Hawai u otras islas del Pacífico

☐ Blanco

## Cooking Attitude and Self-Efficacy Survey

<b>Indicate the extent to which you feel confident about performing each of the following activities...</b> Please bubble your answer ●					
	Not at all confident	Not very confident	Neutral	Confident	Extremely confident
Using knife skills in the kitchen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using basic cooking techniques	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Steaming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sautéing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stir-frying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grilling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poaching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Baking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Roasting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stewing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preparing fresh or frozen green vegetables (eg, broccoli, spinach)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preparing root vegetables (eg, potatoes, beets, sweet potatoes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preparing fruit (eg, peaches, watermelon)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using herbs and spices (eg, basil, thyme, cayenne pepper)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Cooking Attitude and Self-Efficacy Survey

<b>Indicate the extent to which agree or disagree with each statement.....</b> Please bubble your answer ●					
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I do not like to cook because it takes too much time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooking is frustrating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is too much work to cook.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find cooking tiring.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Indicate the extent to which you feel confident about performing each of the following activities...**  
 Please bubble your answer ●

	Not at all confident	Not very confident	Neutral	Confident	Extremely confident
Eating fruits and vegetables at every meal every day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating fruits or vegetables as a snack even if everybody else were eating other snacks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating the recommended 9 ½ cup servings of fruits and vegetables each day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooking from basic ingredients (e.g., whole lettuce heads, fresh tomatoes, raw chicken)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



## **Formative Evaluation Instruments**

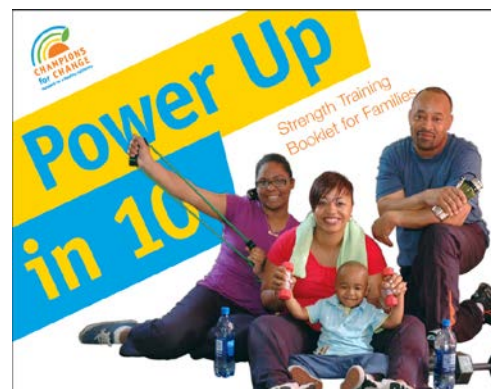
In 2011, the Nutrition Education Obesity Prevention Branch ((NEOPB) campaigns and programs undertook a formative evaluation of over 50 consumer materials from the Latino, African American, and Power Play! Campaigns, and the Worksite, Retail and Physical Activity Integration Programs. There were 3 methods of collecting information:

1. Self-administered questionnaires (SAQs)
2. One-to-one interviews
3. Feedback groups

SAQs are short, self-administered, written surveys completed by respondents alone, without assistance. Questions frequently use a Likert scale, and with surveys administered to children, a visual “happy/sad face” scale is used. For all surveys, the reading level is grade 5 and below.

One-to-one interviews are short surveys verbally read to respondents and answers are recorded by the interviewer on the survey instrument. Though they may be a bit longer than SAQs, it is best if they are kept to less than 10 minutes in length. One-to-one interviews are ideal for questions that need a follow-up or more probing.

Feedback groups are similar to focus groups, however are much more informal and less rigorous. Feedback groups are especially useful for materials that need probing. The sample scripts from feedback groups included in this compendium include tips on how to encourage people to show up to a feedback group, how to most effectively moderate a group, troubleshooting difficult situations, and how to effectively probe for answers.



## Feedback Group Moderator Guide

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Region: \_\_\_\_\_

**Booklet:** Power Up in 10

Total number of adults in the group: \_\_\_\_\_ (Write in answer)

Number of adults in each age group participating: (Write in answer for each age group)

18 to 24 \_\_\_\_\_ 25 to 34 \_\_\_\_\_ 35 to 44 \_\_\_\_\_ 45 to 54 \_\_\_\_\_

Number of men and women in group: (Write in answer)

Men \_\_\_\_\_ Women \_\_\_\_\_

Number of adults in each of the following categories: (Write in answer for each category)

1. African-American or Black \_\_\_\_\_
2. Asian (includes Filipino) \_\_\_\_\_
3. Hawaiian Native or Pacific Islander \_\_\_\_\_
4. Hispanic or Latino \_\_\_\_\_
5. Native American or Alaska Native \_\_\_\_\_
6. White \_\_\_\_\_
7. Other: \_\_\_\_\_

Number of kids in each age group as reported by parent on sign-up sheet:

Under 5 \_\_\_\_\_ 5 to 8 \_\_\_\_\_ 9 to 12 \_\_\_\_\_ 13 and Older \_\_\_\_\_

People show up to Feedback Groups when:

- They know why you invited them.
- You recruited them through existing partnerships.
- You have made some personal contact.
- You placed a reminder phone call or text.
- The group is meeting at a convenient time.
- You have “overbooked” by one or two.

TELEPHONE LOG				
Name of Organization that gave you participant's information:				
Date and time of Feedback Group:				
Name of Participant	Phone number	Date/ Time called	Confirmed? (Yes/No)	Notes
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

### Your Dominant Communication Style: Moderating a Group

The Listener	The Creator	The Doer	The Thinker
<p><b>Ensure</b> everyone has a voice.</p> <p><b>Encourage</b> participants to share different opinions.</p> <p><b>Use</b> “notable quotations” to keep track of facts vs. judgments.</p>	<p><b>Use</b> language like, “okay” and “I see”. Don’t praise answers.</p> <p><b>Take</b> good notes during the focus group.</p> <p><b>Encourage</b> participants to talk with each other, not you.</p>	<p><b>Avoid</b> proposing solutions.</p> <p><b>Practice</b> tact when moving the discussion forward.</p> <p><b>Explain</b> why it is important to hear from all members.</p>	<p><b>Avoid</b> focusing too much on taking notes.</p> <p><b>Ask</b> dominant group members to let others share.</p> <p><b>Uphold</b> the feedback group guidelines.</p>

### Dealing with Sticky Situations

Problem Behavior	Prevent it...	If it happens...
<b>Dominant Talker</b>	<ul style="list-style-type: none"> <li>• If you notice it before the session, seat the person next to you.</li> <li>• Use group guidelines.</li> <li>• Use nametags.</li> </ul>	<ul style="list-style-type: none"> <li>• Shift attention to someone else.</li> <li>• Remind the participant of your guidelines.</li> <li>• Use humor to ask the participant to let others share.</li> </ul>
<b>Off-Topic Discussion</b>	<ul style="list-style-type: none"> <li>• Use group guidelines.</li> <li>• Tell participants you will keep the group focused.</li> <li>• Check for understanding.</li> </ul>	<ul style="list-style-type: none"> <li>• Redirect the conversation.</li> <li>• Restate the question.</li> <li>• Remind participants you respect their time and need to keep moving.</li> </ul>
<b>Passive Participant</b>	<ul style="list-style-type: none"> <li>• Use group guidelines.</li> <li>• Use nametags.</li> <li>• Do introductions.</li> </ul>	<ul style="list-style-type: none"> <li>• Engage quiet participants after the first question.</li> <li>• Use nonverbal strategies.</li> </ul>

### Effective Probing Questions

- “What do you mean when you say . . .?”
- “Why do you think . . .?”
- “How did this happen?”
- “How did you feel about . . .?”
- “What happened then?”
- “Can you tell me more?”
- “Please describe what you mean.”
- “I’m not sure I understand X. . . Would you explain that to me?”
- “Is there anything else?”
- “Can you give me an example of X?”

## Script for Beginning a Feedback Group

*The first few moments in feedback group discussion are critical. The recommended pattern for introducing the group discussion is: (1) Welcome, (2) Overview of the topic (3) Ground rules and (4) First question. Below is an example script for beginning a feedback group. You can read it as it's written or change it to reflect your style.*

Hello and welcome to our feedback group. My name is (your name) and I work with the *Network for a Healthy California*. I asked (name of partner organization or contact person) to help me with this project. Thank you for taking the time to join our talk around this (poster, brochure, etc.).

Today you will share your thoughts and opinions. We want to know what you think about this piece. There are no right or wrong answers but just different points of view. We asked you to be here because we want to hear your opinion. Please share it even if it is different from others. We are just as interested to hear what you do not like about the (poster, brochure, etc.). I keep my job either way, so please be honest.

We will only use first names today and your names will not be on any of my notes or reports.

I will ask questions and listen. I am not part of the conversation; you should talk to one another. I will ask about five questions and will move the discussion from one question to the next. If one of you is sharing a lot, I may ask you to let others talk. And if you aren't saying much, I may ask for your opinion.

To help get the most out of our time, let's agree to these guidelines:

### Guidelines

1. One speaker at a time
2. Speak to the group, not the person next to you
3. Talk loud enough for everyone at the table to hear you
4. Different opinions are welcome
5. Everyone will get a chance to speak
6. No texting; set cell phones to silent mode and keep them off the table
7. Share respectfully—do not put down other peoples' opinions

**Booklet: Power Up in 10**

1. What is the purpose of this booklet about strength training?

Brief Summary / Key Points	Notable Quotes
Comments/Observations	

2. Would you say that the directions are easy or hard to follow? PROBE: For what reasons do you say that?

Brief Summary / Key Points	Notable Quotes
Comments/Observations	

3. Do the exercises look easy or hard to do? PROBE: Do you think you could do the exercises?  
Would you be afraid of getting hurt?

Brief Summary / Key Points	Notable Quotes
Comments/Observations	

4. Using this booklet, could you lead yourself and others through the exercises? If not, why?

Brief Summary / Key Points	Notable Quotes
Comments/Observations	

5. How helpful are the nutrition tips to you?

Brief Summary / Key Points	Notable Quotes
Comments/Observations	

6. What do you like about the booklet?

Brief Summary / Key Points	Notable Quotes
Comments/Observations	



7. What do you dislike about the booklet?

Brief Summary / Key Points	Notable Quotes
Comments/Observations	

8. What would make this booklet better?

Brief Summary / Key Points	Notable Quotes
Comments/Observations	

Now I'd like to see a show of hands: (Write in number for each question)

9. Do any of you currently take or have you ever taken a strength training class? \_\_\_\_\_
10. How many of you like this booklet? \_\_\_\_\_
11. How many of you think that you would use some of this information? \_\_\_\_\_

12. Field Notes: FOR FEEDBACK GROUP MODERATOR ONLY

Describe the area where you conducted the feedback group. What was the location (daycare center, community center, work break room, etc.)? Was there a table? Were there distractions? Was it a comfortable room?

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Describe the people who took part in the feedback group. Were they parents? Did they come from work? Were they comfortable speaking with one another?

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What else should we know that might help us analyze your notes?

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## Everyday Healthy Meals Cookbook: One to One Questions



<b>INTERVIEWER'S</b> NAME: _____ DATE: _____ CODE: 1to1_EH_CKBK_EN CITY: _____ REGION: _____ CAMPAIGN: _____	<b>SITE:</b> <input type="checkbox"/> <sub>1</sub> Community center <input type="checkbox"/> <sub>2</sub> Fair / Festival <input type="checkbox"/> <sub>3</sub> Pre-school / School <input type="checkbox"/> <sub>4</sub> Clinic <input type="checkbox"/> <sub>5</sub> Other: _____
--	--

**DIRECTIONS:** Follow the instructions in parentheses (). Before conducting the survey, respondents must give their verbal consent below.

Hello. I'd like to ask you some questions about our materials. Your answers can help us improve the way we share nutrition and health information with our community. This takes about 10 minutes. You don't have to take part in the survey. We will not ask for any personal contact information. We will not share your individual answers with anyone. Are you willing to answer the questions?

[ ] Check if respondent consents.

To which one of the following age groups do you belong? (Read each. Check one box.)

- ☐ <sub>1</sub> 18 to 24 years of age
- ☐ <sub>2</sub> 25 to 34 years of age
- ☐ <sub>3</sub> 35 to 44 years of age
- ☐ <sub>4</sub> 45 to 54 years of age

(If respondent is **older than 54** or **younger than 18**, ask the first question and end the interview.)

Gender: (Check without asking)

☐ <sub>1</sub> Male

☐ <sub>2</sub> Female

Which one of the following groups best describes you? If two groups describe you, please tell me that. (Check up to two answer categories)

- ☐ <sub>1</sub> African American or black
- ☐ <sub>2</sub> Asian (includes Filipino)
- ☐ <sub>3</sub> Hawaiian Native or Pacific Islander
- ☐ <sub>4</sub> Hispanic or Latino
- ☐ <sub>5</sub> Native American or Alaska Native
- ☐ <sub>6</sub> White
- ☐ <sub>7</sub> Other: \_\_\_\_\_

### Everyday Healthy Meals Cookbook: One on One Questions

1. Look through the recipes. Do the pictures make the food look tasty? (Give the person about two or three minutes to review the cookbook. Check one answer)

☐ <sub>1</sub> Yes

☐ <sub>2</sub> No

☐ <sub>88</sub> Don't know

2. Would you use this cookbook? (Check one answer)

☐ <sub>1</sub> Yes

☐ <sub>2</sub> No

☐ <sub>88</sub> Don't know

3. If NO above, ASK: Why not? (Write in the answer)

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**KEEP GOING**

4. Pick one recipe that you would like to make. (Check one answer)

**Balanced Breakfasts**

- ☐ <sub>1</sub> Apple Oatmeal
- ☐ <sub>2</sub> Breakfast Fruit Cup
- ☐ <sub>3</sub> Papaya Boats
- ☐ <sub>4</sub> Tropical Eye Opener
- ☐ <sub>5</sub> Banana Berry Pancakes
- ☐ <sub>6</sub> Huevos Rancheros with Fresh Salsa
- ☐ <sub>7</sub> Tomato and Garlic Omelet

**Lean Lunches**

- ☐ <sub>8</sub> Black Bean and Corn Pitas
- ☐ <sub>9</sub> Chicken Tomatillo Salad
- ☐ <sub>10</sub> Corn and Green Chili Salad
- ☐ <sub>11</sub> Avocado Garden Salad
- ☐ <sub>12</sub> Chicken Tortas
- ☐ <sub>13</sub> Vegetable Quesadillas
- ☐ <sub>14</sub> Apple Turkey Gyro
- ☐ <sub>15</sub> Zesty Asian Chicken Salad
- ☐ <sub>16</sub> Herbed Potato Salad
- ☐ <sub>17</sub> Tuna Apple Salad
- ☐ <sub>18</sub> Spud Stuffers

**Dependable Dinners**

- ☐ <sub>19</sub> Apple Glazed Sweet Potatoes
- ☐ <sub>20</sub> Zucchini Saute
- ☐ <sub>21</sub> Avocado Tortilla Soup
- ☐ <sub>22</sub> BBQ Turkey in Pepper Shells
- ☐ <sub>23</sub> Chicken and Dumplings
- ☐ <sub>24</sub> Vegetable Chicken Enchiladas

- ☐ <sub>25</sub> Grilled Chicken Vegetable Kabobs
- ☐ <sub>26</sub> Easy Turkey Skillet Dinner
- ☐ <sub>27</sub> Rosemary Lemon Chicken with Vegetables
- ☐ <sub>28</sub> Herbed Vegetable Combo
- ☐ <sub>29</sub> Sesame Chicken with Peppers
- ☐ <sub>30</sub> Mango Chicken Stir-Fry
- ☐ <sub>31</sub> Spaghetti with Turkey Meat Sauce
- ☐ <sub>32</sub> Oven Wedge Fries
- ☐ <sub>33</sub> Simple Fish Tacos
- ☐ <sub>34</sub> Savory Greens

**Delicious Desserts**

- ☐ <sub>35</sub> Cinnamon Baked Goldens
- ☐ <sub>36</sub> Fruit Dip
- ☐ <sub>37</sub> Fudgy Fruit
- ☐ <sub>38</sub> Paradise Freeze
- ☐ <sub>39</sub> Savory Grilled Fruit
- ☐ <sub>40</sub> Peach Crumble
- ☐ <sub>41</sub> Spicy Apple-Filled Squash

**Simple Snacks and Drinks**

- ☐ <sub>42</sub> Chickpea Dip with Fresh Vegetables
- ☐ <sub>43</sub> Great Grape Smoothie
- ☐ <sub>44</sub> Fresh Salsa
- ☐ <sub>45</sub> Veggie Tortilla Roll-Ups
- ☐ <sub>46</sub> Pear Mango Salsa
- ☐ <sub>47</sub> Peachy Peanut Butter Pita Pockets
- ☐ <sub>48</sub> Tropical Fruit and Nut Snack Mix

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5. Why did you choose this recipe? (Check one answer)

- ☐ <sub>1</sub> Ingredients
- ☐ <sub>2</sub> Ease of preparation
- ☐ <sub>3</sub> Other: \_\_\_\_\_
- ☐ <sub>88</sub> Don't know

6. Pick one recipe that you would **not** choose to make. (Check one answer)

**Balanced Breakfasts**

- ☐ <sub>1</sub> Apple Oatmeal
- ☐ <sub>2</sub> Breakfast Fruit Cup
- ☐ <sub>3</sub> Papaya Boats
- ☐ <sub>4</sub> Tropical Eye Opener
- ☐ <sub>5</sub> Banana Berry Pancakes
- ☐ <sub>6</sub> Huevos Rancheros with Fresh Salsa
- ☐ <sub>7</sub> Tomato and Garlic Omelet

**Lean Lunches**

- ☐ <sub>8</sub> Black Bean and Corn Pitas
- ☐ <sub>9</sub> Chicken Tomatillo Salad
- ☐ <sub>10</sub> Corn and Green Chili Salad
- ☐ <sub>11</sub> Avocado Garden Salad
- ☐ <sub>12</sub> Chicken Tortas
- ☐ <sub>13</sub> Vegetable Quesadillas
- ☐ <sub>14</sub> Apple Turkey Gyro
- ☐ <sub>15</sub> Zesty Asian Chicken Salad
- ☐ <sub>16</sub> Herbed Potato Salad
- ☐ <sub>17</sub> Tuna Apple Salad
- ☐ <sub>18</sub> Spud Stuffers

**Dependable Dinners**

- ☐ <sub>19</sub> Apple Glazed Sweet Potatoes
- ☐ <sub>20</sub> Zucchini Saute
- ☐ <sub>21</sub> Avocado Tortilla Soup
- ☐ <sub>22</sub> BBQ Turkey in Pepper Shells
- ☐ <sub>23</sub> Chicken and Dumplings
- ☐ <sub>24</sub> Vegetable Chicken Enchiladas

- ☐ <sub>25</sub> Grilled Chicken Vegetable Kabobs
- ☐ <sub>26</sub> Easy Turkey Skillet Dinner
- ☐ <sub>27</sub> Rosemary Lemon Chicken with Vegetables
- ☐ <sub>28</sub> Herbed Vegetable Combo
- ☐ <sub>29</sub> Sesame Chicken with Peppers
- ☐ <sub>30</sub> Mango Chicken Stir-Fry
- ☐ <sub>31</sub> Spaghetti with Turkey Meat Sauce
- ☐ <sub>32</sub> Oven Wedge Fries
- ☐ <sub>33</sub> Simple Fish Tacos
- ☐ <sub>34</sub> Savory Greens

**Delicious Desserts**

- ☐ <sub>35</sub> Cinnamon Baked Goldens
- ☐ <sub>36</sub> Fruit Dip
- ☐ <sub>37</sub> Fudgy Fruit
- ☐ <sub>38</sub> Paradise Freeze
- ☐ <sub>39</sub> Savory Grilled Fruit
- ☐ <sub>40</sub> Peach Crumble
- ☐ <sub>41</sub> Spicy Apple-Filled Squash

**Simple Snacks and Drinks**

- ☐ <sub>42</sub> Chickpea Dip with Fresh Vegetables
- ☐ <sub>43</sub> Great Grape Smoothie
- ☐ <sub>44</sub> Fresh Salsa
- ☐ <sub>45</sub> Veggie Tortilla Roll-Ups
- ☐ <sub>46</sub> Pear Mango Salsa
- ☐ <sub>47</sub> Peachy Peanut Butter Pita Pockets
- ☐ <sub>48</sub> Tropical Fruit and Nut Snack Mix

---

7. Why did you choose this recipe? (Check one answer)

- ☐ <sub>1</sub> Ingredients
- ☐ <sub>2</sub> Photo of the dish
- ☐ <sub>2</sub> Other: \_\_\_\_\_
- ☐ <sub>88</sub> Don't know

8. Can you find the food in the recipes where you shop? (Check one answer)
- ☐<sub>1</sub> Yes
- ☐<sub>2</sub> No
- ☐<sub>88</sub> Don't know
9. Do the ingredients fit your family's budget? Could you buy the food in the recipes with the money you spend on food? (Check one answer)
- ☐<sub>1</sub> Yes
- ☐<sub>2</sub> No
- ☐<sub>88</sub> Don't know
10. Does this cookbook look like it was created for you? (Check one answer)
- ☐<sub>1</sub> Yes
- ☐<sub>2</sub> No
- ☐<sub>88</sub> Don't know
11. If NO above, ASK: Why do you think it's not for you? (Write in the answer)
- 
- 
12. Do you eat the kinds of food in this cookbook?
- ☐<sub>1</sub> Yes
- ☐<sub>2</sub> No
- ☐<sub>88</sub> Don't know
13. There is a chart with fruits and vegetables on page 2. What does this chart tell you? What would you learn from reading this chart? (Check one answer)
- ☐<sub>1</sub> What time of year to buy fruits and vegetables
- ☐<sub>2</sub> When fruits and vegetables are the cheapest to buy
- ☐<sub>3</sub> Both answers listed above
- ☐<sub>4</sub> Other: \_\_\_\_\_

14. How easy would it be for you to use the photo on p. 7 to measure a cup of fruits or vegetables? (Check one answer)

☐<sub>1</sub> Very easy  
☐<sub>2</sub> Somewhat easy  
☐<sub>3</sub> Not very easy  
☐<sub>4</sub> Not at all easy  
☐<sub>88</sub> Don't know

15. I'm going to read a list of items. Please tell me if you **have** the items and if they are **working** right now. (Read the choices aloud. It is okay to check more than one.)

**Have Access**

☐<sub>1</sub> Oven  
☐<sub>2</sub> Stove  
☐<sub>3</sub> Freezer  
☐<sub>4</sub> Blender  
☐<sub>5</sub> Food Processor  
☐<sub>6</sub> Barbecue Grill

**Working / Not broken**

☐<sub>1</sub> Oven  
☐<sub>2</sub> Stove  
☐<sub>3</sub> Freezer  
☐<sub>4</sub> Blender  
☐<sub>5</sub> Food Processor  
☐<sub>6</sub> Barbecue Grill

16. About how much time do you spend preparing and cooking a typical dinner at home? (Check one answer)

☐<sub>1</sub> Less than 15 minutes  
☐<sub>2</sub> 15 to 30 minutes  
☐<sub>3</sub> More than 30 minutes  
☐<sub>88</sub> Don't know

**END THE INTERVIEW. THANK THE RESPONDENT FOR HIS/HER TIME.**





☐ 7 Other:

## Shopping Notepad

Check one box:

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. I always use a list when I go grocery shopping.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2. The checklist of fruits and vegetables is useful.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3. I would use this notepad for my grocery shopping.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4. I would share this notepad with my friends and family.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

5. What do you like best about this notepad? (Check one answer.)

- ☐ 1 Magnet on the back for my refrigerator
- ☐ 2 Just have to check the things I need to buy
- ☐ 3 Other: \_\_\_\_\_
- ☐ 88 Don't know

6. Would you use this notepad if it did not have a magnet?

- ☐ 1 Yes
- ☐ 2 No
- ☐ 88 Don't know

7. What would make the shopping notepad better? (Check one answer.)

- ☐ 1 More of the foods I like to eat
- ☐ 2 Bigger type and easier to read
- ☐ 3 More room to write on the notepad
- ☐ 4 Other: \_\_\_\_\_
- ☐ 5 Nothing. I like it.
- ☐ 88 Don't know



## **Training, Planning & Evaluation**

# **Table of Contents**

**Training Plan Tips**

**Other Documents:**

**Training Plan**

**Training Evaluation**

**Three Month Training Follow-up**

# Training Plan Tips

The following information will assist you with developing the training plan objectives and activities.

**Training Objectives:** The chart below provides a few examples of the type of action words to use when describing your training learning objectives.

If you want participants to....	Use one of these action words
Know and/or Comprehend	Define, Explain, List
Apply	Demonstrate, Use, Implement
Analyze and/or Synthesize	Integrate, Discuss, Identify

Adapted from the following source: <http://www.ukcle.ac.uk/resources/reflection/table.html>

**Training Activities:** Below are different types of learning activities that can be used to evoke active learning. Remember, training activities are a **required** part of the training. If you invite a speaker to conduct the training, it may be helpful to provide them with the following list of examples of what they can do to meet this criterion.

- ❖ **Problem-Based Learning** encourages critical thinking and problem-solving skills. Participants confront contextualized, and strive to find solutions ("PBL Insight," 1998). The trainer is in the role of a facilitator to stimulate, guide, integrate, and summarize discussions.
- ❖ **Educational Games** involve competition or achievement in relationship to a goal; the game teaches and is fun (McKeachie, 2002).
- ❖ **Role Play** can assist participants in experiencing feelings and practicing skills (Silberman & Auerbach, 1998). Role play is defined as an experience around a specific situation that contains two or more different viewpoints or perspectives. Situations can be written and prepared ahead of time, and different perspectives or roles are handed out to different people who discuss the situation.
- ❖ **Discussion** allows learners to be active and experience personal contact (Indiana University Teaching Handbook, 2004; McKeachie, 2002). Trainers using discussion foster information retention; transfer of knowledge to new situations; problem solving, thinking, or attitude change; and motivation for further learning (McKeachie, Pintrich, Lin, & Smith, 1986).



**Network for a Healthy California  
Regional Networks  
Training Plan**

Please complete and submit the following information for each of the required components of the Evaluation Plan due to your assigned Regional Program Lead by **December 31, 2009.**

**Region-Specific Training:**

**Regional Coordination & Training Objective 1 Activity 3**

1. Proposed topic: \_\_\_\_\_

2. Briefly discuss why this topic was chosen, citing specific results and/or feedback that supports this decision:

3. Please identify target audience for the training?

<input type="checkbox"/>	<b>Schools</b>	<input type="checkbox"/>	<b>Worksite</b>
<input type="checkbox"/>	<b>Community-Based Organizations CBOs</b>	<input type="checkbox"/>	<b>Retail</b>
<input type="checkbox"/>	<b>Community Youth Organizations CYOs</b>	<input type="checkbox"/>	<b>Direct Service Providers (DSPs)</b>
<input type="checkbox"/>	<b>Faith</b>	<input type="checkbox"/>	<b>USDA sister (WIC, Summer lunch)</b>
<input type="checkbox"/>	<b>Food Banks, Pantries, etc</b>	<input type="checkbox"/>	<b>Other</b> _____
<input type="checkbox"/>	<b>Network funded projects</b>	<input type="checkbox"/>	<b>Other</b> _____

4. Projected number of participants: \_\_\_\_\_

5. Training Goal(s):

- ◆
- ◆
- ◆



**Network for a Healthy California  
Regional Networks  
Training Plan**

6. Training Objectives, Activities & Skills: Use the Training Tips sheet to help you complete the process outlined below.

- Identify each training objective that supports the goals of the training.
- Develop a training activity that will support the objective and allow for hands on practical application of the skill that participant will acquire.
- List the skills that participants will gain from attending the training.

<b>Training Objective #1</b>	
<b>Training Activity</b>	
<b>Skill</b>	

<b>Training Objective #2</b>	
<b>Training Activity</b>	
<b>Skill</b>	

<b>Training Objective #3</b>	
<b>Training Activity</b>	
<b>Skill</b>	



**Network for a Healthy California  
Regional Networks  
Training Plan**

7. Key Concepts/Topics & Potential Presenters

Key Concept/Topic	Potential Presenter(s)
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

8. List of suggested instructional /educational materials:

Name of Material(s)	Source
1.	
2.	
3.	

9. Training Logistics:

Proposed Title: \_\_\_\_\_

Proposed Location: \_\_\_\_\_

Proposed Date & Time: \_\_\_\_\_

10. Training Cost Projection:

Facility Rental:

Speakers: \_\_\_\_\_

Materials: \_\_\_\_\_

Other: \_\_\_\_\_

**Total Projected Cost:** \_\_\_\_\_  
\_\_\_\_\_



# Training Evaluation

## Insert Title:

Your input will help us improve future trainings. Thank you!

### 1.0 Overall, how would you rate the quality of the presentations today?

		Very Good	Good	Average	Poor	Very Poor	N/A Did not attend session
1.1	<b>Insert Objective</b> <i>Ex: Using the Harvest of the Month Toolkit in the classroom</i>						
1.2	<b>Insert Objective</b> <i>Ex: Integrating Nutrition Into Language, Art Curricula</i>						
1.3	<b>Insert Objective</b> <i>Ex: Subject Specific Nutrition Education Strategies</i>						

### Please check the response that best reflects how you feel.

2.	Today, I have learned to ..... <b>Insert skill/session objective below</b>	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A Did not attend session
2.1	<i>Ex: Use the Harvest of the Month Toolkit</i>					
2.2	<i>Ex: integrate nutrition into language, art curricula</i>					
2.3	<i>Ex: Integrate subject specific nutrition education strategies into classroom activities</i>					

### Please check the response that best reflects how you feel.

3.	I can teach others to ..... <b>Insert skill/session objective below</b>	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A Did not attend session
3.1	<i>Ex: Use the Harvest of the Month Toolkit</i>					
3.2	<i>Ex: integrate nutrition into language, art curricula</i>					
3.3	<i>Ex: Integrate subject specific nutrition education strategies into classroom activities</i>					

4. How many staff and/or partners do you plan to train to use these skills/resources learned today?  
\_\_\_\_\_ #

### 5 Please place a check next to the type of partner you plan to train or teach. Check all that apply.

<input type="checkbox"/>	Schools	<input type="checkbox"/>	Worksite
<input type="checkbox"/>	Community-Based Organizations CBOs	<input type="checkbox"/>	Retail
<input type="checkbox"/>	Community Youth Organizations CYOs	<input type="checkbox"/>	Direct Service Providers (DSPs)
<input type="checkbox"/>	Faith	<input type="checkbox"/>	USDA sister (WIC, Summer lunch)
<input type="checkbox"/>	Food Banks, Pantries, etc	<input type="checkbox"/>	Other
<input type="checkbox"/>	Funded projects		

6. What is the most valuable thing you learned at this meeting?

7. What, if anything, could have been done differently to improve the quality of the meeting?

Funded by USDA SNAP-Ed, an equal opportunity provider and employer.

*Network for a Healthy California*  
Insert Region Name  
Three- Month Training Follow-up

[Exit this survey](#)

Insert Training Title

Thank you for attending a *Network for a Healthy California* Regional Training. We hope you have been able to apply the information and skills learned in your current work. Please take the time to share what you learned and how you have applied the information.

**1. After attending the Regional Network Training, I was able to**  
*(insert regional training objectives-ex: use the Harvest of the Month Toolkit)*

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ N/A Did not attend session

**REPEAT THIS QUESTION FOR EACH TRAINING  
OBJECTIVE/SKILL**

**2. After attending the Regional Network Training, I trained or  
taught others to** *(insert Regional Training objectives-ex. use the Harvest  
of the Month Toolkit)*

- ☐ Yes
- ☐ No

**REPEAT THIS QUESTION FOR EACH TRAINING  
OBJECTIVE/SKILL**

**3. After attending this training, how many staff and/or  
partners did you teach or train?**

**4. What type of partner did you teach or train?**

- ☐ Schools
- ☐ Community-Based Organization (CBOs)
- ☐ Community Youth Organization (CYOs)
- ☐ Faith
- ☐ Food Bank
- ☐ *Network* funded projects
- ☐ Worksites
- ☐ Retail
- ☐ Direct Service Providers
- ☐ USDA sister (WIC, Summer lunch, etc.)
- ☐ Other

**5. What do you remember being the most valuable thing that you learned at the training?**